

Improving safety, Reducing harm

Children, young people and domestic violence

A practical toolkit
for front-line practitioners

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London:TSO

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Foreword

Domestic violence can have a devastating impact on children and young people, affecting their health, well being and development, as well as their educational achievement.

Children and young people can experience domestic violence in many ways. They can witness the abuse, they may try to intervene to protect their mother or siblings, they may be directly abused themselves or made to join in with the abuse, or young people may experience domestic violence in their own intimate relationships.

Babies and very young children can be at risk of serious harm in situations of domestic violence. Older children actively interpret, predict and assess their roles in the family and filter their experiences through references to themselves, which can lead to them feeling guilty about causing the violence, worrying about the consequences, problem solving, and taking measures to protect themselves and others. This can distort children's views on relationships, and they can incorrectly attribute blame, which must be considered when looking at how domestic violence affects children.

The Department of Health has undertaken significant work to promote awareness, understanding and develop evidence based practice on domestic violence for health professionals, recognising the key role that health services play in providing opportunities for victims to disclose in a safe and confidential environment.

This comprehensive toolkit for frontline professionals was developed to improve responses to a range of key issues affecting children and young people including domestic violence, bullying, sexual violence and gangs as well as child protection and risk assessments. Protecting children and young people from the effects of domestic violence is vital if we are to improve safety and reduce harm.

I would like to thank the Greater London Domestic Violence Project (GLDVP) for working with us to develop this resource. We have also worked on the toolkit in partnership with colleagues in Department for Children, Schools and Families, and across government we continue to work together to improve the response to children and young people affected by domestic violence. I am particularly grateful to the courageous children and young people from Solace Women's Aid and Scottish Women's Aid who produced the powerful artwork included in this toolkit.

A handwritten signature in black ink, appearing to read 'Ann Keen', with a stylized, cursive script.

Ann Keen
Parliamentary Under Secretary of State for Health
Department of Health

Section 1: Introduction to the toolkit

1.0 Introduction

Shaping the agenda for children experiencing domestic violence

*'Everyone working with women and children should be alert to the frequent inter-relationship between domestic violence and the abuse and neglect of children.'*¹

In Greater London the Metropolitan Police attends around 300 incidents of domestic violence every day.

Every Child Matters (ECM) and the Children Act 2004 have set out the vision for children's services for the next decade. Safety and Justice: the Government's proposals on Domestic Violence 2003 and the Domestic Violence, Crime and Victims Act 2004 have improved responses to domestic violence across government.

In 2006, the *Vision for services for children and young people affected by domestic violence* was produced by the Local Government Association (LGA), the Association for the Directors of Social Services (ADSS), Women's Aid and the Children and Family Court Advisory and Support Service (CAFCASS) with input from Refuge and with professional comments from advisors at the Department for Education and Skills (DfES), the Department of Health and the Home Office.

The original guidance offered a valuable template for those commissioning children's services. This toolkit is a practical extension of the guidance and aims to help commissioners and front-line workers to understand what the guidance and relevant legislation mean for them and their work.

¹ HM Government (2006) *Working Together to Safeguard Children*, Section 11.45, DfES

The original guidance can be found at www.lga.gov.uk/lga/publications/publication-display.do?id=21106

- > sections divided according to services and responsibilities;
- > sample forms; and
- > glossary and key factsheets.

1.1 This toolkit provides:

- > specific information about children, domestic violence and related issues;
- > an overview of ECM and the tiers of intervention;
- > principles of commissioning services;
- > risk assessment and safety planning information;
- > guidance for schools;
- > clear explanations of key standards and policies;
- > practical examples for each standard, demonstrating good practice in local areas;

The appendices to the toolkit contain a sample procedure for local safeguarding children boards (LSCBs) to adopt in order to safeguard children affected by domestic violence. This comprehensive procedure describes the actions that staff in various relevant agencies should take if they suspect or know that a child is affected by domestic violence. This includes ways of responding to children, to women and to men, ways of assessing risk and the range of responses to all involved, in order to maximise safety and reduce risk.

1.1.2 How to use this toolkit

- > This is a flexible and practical guide to work alongside the original guidance.
- > It has been designed so that you can quickly find the information that is most relevant to you.
- > The guidance in the toolkit does not stand alone and is intended to be implemented via partnership working at both strategic and practice-based local levels.

1.2 Defining domestic violence

In 2006 the Government agreed the following 'core' definition of domestic violence:

'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual,

*financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality.'*²

The Government has made it clear that this definition incorporates issues such as forced marriage, female genital mutilation (FGM) and so-called 'honour' killings, as well as elder abuse when committed within the family or by an intimate partner.

An adult is defined as any person aged 18 years or over. Violence from an adult towards someone under 18 years of age is classified as child abuse, and is dealt with by separate policies and legislation. Nevertheless, children and young people are affected by domestic violence. Not only are many traumatised by what they witness or

² www.crimereduction.homeoffice.gov.uk/dv/dv01.htm

overhear, but in cases where there is domestic violence there is frequently direct child abuse occurring as well.

Family members are defined as: mother; father; son; daughter; brother; sister; and grandparents – whether directly related, in-laws or stepfamily.

The Government has made it clear that the above definition was created for use by all agencies.³

Whatever form it takes, domestic violence is rarely a one-off incident, and should instead be seen as a pattern of abusive and controlling behaviour through which the abuser seeks power over their victim. Domestic violence occurs across society, regardless of age, gender, race, sexuality, wealth or geography. The figures show, however, that it

consists mainly of violence by men against women. Children are also affected. Not only are many traumatised by what they witness, but there is also a strong connection between domestic violence, sexual violence and child abuse.

1.3 Overview of the toolkit

The purpose of this toolkit is to develop a practical resource based on the *Vision for services for children and young people affected by domestic violence* guidance document.

The original guidance aimed to provide a tool to identify the needs of children experiencing domestic violence. It offers a template that can be used to incorporate these needs into priority-setting and the planning

³ Mayor of London (2005) *The Second London Domestic Violence Strategy*, Greater London Authority

of children's services, ultimately ensuring that children affected by domestic violence have their voices heard. It was intended for use by directors of children's services, cabinet members with lead responsibility for children and LSCBs working with domestic violence partnerships.

The original document highlights ways to identify children's needs and incorporate them into service planning. This document expands on this to develop a practical toolkit that practitioners can use to make sense of the guidance and what it means for them and their work plans.

1.3.1 Purpose

- > To provide a clear practical guide to work alongside the original guidance.
- > To help front-line workers to understand how the guidance

directly affects them.

- > To highlight the importance of risk assessments to prevent potential serious injury and possible homicide.

1.3.2 Structure

- > The toolkit is divided into topic sections.
- > Each section will contain clear and concise explanations and will provide good practice examples of how the guidance can be used in local areas.
- > Sections will be broken down according to services, outlining what is expected of them and their responsibilities.
- > Sample forms and questionnaires will be included for services to adapt and use.

Section 2: Children and domestic violence

2.0 Introduction

Over any 100-day period an estimated **205,000 children will witness domestic violence**,⁴ and in households with children where there is domestic violence, the children witness about **three-quarters of the abusive incidents**.⁵

Around half the children in such families have themselves been badly hit or beaten. Sexual and emotional abuse are also more likely to happen in these families.

One in four children said that they had witnessed domestic violence between adult family members. Around half of incidents (47%) involved physical assaults and 13% the use of an object or weapon.⁶

The Department of Health estimates that, every year, 750,000 children experience domestic violence.⁷ But estimating the numbers is difficult given that many women do not report domestic violence or take many years to do so;⁸ thus the true figures are likely to be higher. One study found that women had experienced an average of 35 incidents of domestic abuse

⁴ Department of Health (2002) *Women's Mental Health: Into the Mainstream*, DH

⁵ Royal College of Psychiatrists (2004) *Domestic violence: its effects on children, Factsheet for parents and teachers*. <http://tinyurl.com/yvyral>

⁶ NSPCC survey (2007), see <http://tinyurl.com/yvyozn>

⁷ Department of Health (2002) *Women's Mental Health: Into the Mainstream*, DH

⁸ The NSPCC recognises that, while both men and women may experience incidents of interpersonal violence, women are considerably more likely to experience repeated and severe forms of violence, including sexual violence.

before contacting the police.⁹ When women do not report domestic violence their children's experience is also unlikely to be reported.

Prevalence studies have shown that 26% of 18–24-year-olds had lived with violence between their parents/carers, and for 5% this was frequent and ongoing.¹⁰ Recent studies, with samples in schools where children were directly asked about domestic violence, suggest that approximately one-third of children live with some form of domestic violence. In one study 30% of the children surveyed

said they knew someone who had experienced domestic violence,¹¹ while 32% of young people in a small Scottish study said they were currently living with domestic abuse.¹²

Even more worryingly, in families where there is domestic violence, children may also be physically and sexually abused. Research studies estimate that in 30–60% of domestic violence cases, the abusive partner is also abusing children in the family.¹³ Domestic violence is frequently a factor in cases where children have been killed or seriously injured.¹⁴ Evidence shows that domestic

⁹ Yearnshaw (1997)

¹⁰ Cawson, P. (2002) *Child Maltreatment in the Family: The Experience of a National Sample of Young People*, London: NSPCC

¹¹ Mullender, A., Hague, G., Imam, U. et al (2002) *Children's Perspective on Domestic Violence*, London: Sage

¹² Alexander, H., Macdonald, E. and Paton, S. (2005) *Raising the issue of domestic abuse in school*, *Children and Society* 19(3): 187–198

¹³ Edelson, J. (1999) *Violence Against Women*, Vol. 5 No. 2

¹⁴ Brandon, M., Belderson, P., Warren, C. et al (2008) *Analysing Child Deaths and Serious Injury through Abuse: What Can We Learn? A Biennial Analysis of Serious Case Reviews 2003–2005*, London: DCSF

violence is present in two-thirds of cases of child deaths and serious injury.

Overall, the statistics above demonstrate that high numbers of children witness domestic violence and official statistics are likely to underplay its prevalence.¹⁵ Domestic violence is also an indicator of other forms of child abuse.

2.1 Ways in which children experience domestic violence

In one study of women and children who had left a domestic abuser, 10% of mothers had been sexually abused in front of their children; 27% of the

partners had also assaulted the children, including sexually; 86% of mothers said that there were long-term effects on their children; one-third said that the children became violent and aggressive, including towards their mothers; 31% developed problems at school; and 31% of children had low self-esteem.¹⁶

- > It is estimated that between one-third and two-thirds of children in homes where the mother is being abused are also at risk of being abused.¹⁷
- > More than 34,000 children in England and Wales are housed in domestic violence refuges annually.¹⁸

¹⁵ Humphreys, C. and Houghton, C. (2008) *The research evidence on children and young people experiencing domestic abuse* in Humphreys, C., Houghton, C. and Ellis, J. (2008) *Literature Review: Better Outcomes for Children and Young People affected by Domestic Abuse – Directions for Good Practice*, Edinburgh: Scottish Government

¹⁶ Abrahams, C. (1994) *Hidden Victims: Children and Domestic Violence*, London: NCH

¹⁷ Home Office (2000) cited in BBC (2003) *Hitting Home Fact File*, see <http://tinyurl.com/2jmaoe>

¹⁸ Webb, E., Shankleman, J., Evans, M. and Brooks, R. (2001) *The health of children in refuges for women victims of domestic violence: cross sectional descriptive survey*, British Medical Journal 323: 210–13

There are many ways that children and young people can experience domestic violence. They can witness the abuse (this can involve actually seeing violent and abusive acts and behaviours, hearing arguments and seeing the physical and emotional effects of abuse); they may try to intervene to protect their mother or siblings; they may be directly abused themselves or made to join in with the abuse; or young people may experience domestic violence in their own intimate relationships.

Children actively interpret, predict and assess their roles in the family and young children will filter their experiences through references to themselves, which can lead to beliefs about their own role in causing the violence, worrying

about the consequences, problem solving and taking measures to protect themselves and others. This can create very powerful beliefs about attribution and blame, and must be considered when looking at how domestic violence affects children.

2.2 General indicators of the effects of domestic violence on children

- > child makes direct disclosure;
- > child has evidence of injuries;
- > running away from home;
- > anxiety or fear-related behaviour or unexplained illness;
- > constant worry about possible danger and/or safety of family members (e.g. going to check on family, phoning home);

- > difficulties with sleeping or eating – failure to thrive;
- > absence from school and/or lower achievement at school; difficulty concentrating;
- > withdrawal from school activities that involve revealing parts of the body, for example sports, due to injuries;
- > substance misuse;
- > depression or distracted behaviour;
- > withdrawal, aggression, behavioural difficulties and/or deliberate holding of breath; and
- > missed health appointments.
- > the severity, frequency and nature of the violence;
- > the length of time that the child has been exposed to the violence;
- > factors such as gender, ethnic origin, age, disability, socio-economic and cultural background;
- > the child's capacity for, and actual level of, self-protection and resilience;
- > the nature of the relationship with the mother and siblings; and
- > support from people or agencies external to the family.

(Taken from the Sheffield Inter-agency Protocol and Practice Guidance, 2006.)¹⁹

2.3 Impact of abuse

Some factors that may influence the impact of abuse include:

2.3.1 Neglect

For the purposes of the child protection system, the Government defines neglect as follows:

¹⁹ *Safeguarding children and young people affected by domestic abuse*, Sheffield Inter-agency Protocol and Practice Guidance, September 2006

*'The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.'*²⁰

Neglect is the reason for the largest proportion of child protection plans. The tendency in such cases is to blame the mother for failing to provide adequate care. This gendered view of parental responsibility is unfair in any case, but in

cases where the **mother** is experiencing domestic violence, it is a doubly punitive approach. Responsibility should be placed on the abuser. When experiencing domestic violence, the mother may not be able to spend sufficient time with her children. This may be because she is not 'allowed' to, or because she is not physically or emotionally capable of caring for them.

2.3.2 Links with child sexual abuse

There is less research evidence available on links with child sexual abuse, but an overlap between domestic violence and child sexual abuse is apparent.

One study found that more than half of the 111 children who had been sexually abused and

²⁰ HM Government (2006) *Working Together to Safeguard Children*, TSO

were attending an NSPCC centre had been living with domestic violence.²¹

Research from within the statutory childcare system has shown a link between domestic violence and elevated levels of child sexual abuse. A case file analysis of 250 children in care who had been sexually abused or were sexually abusing others found that 39% came from families where there was domestic violence (primarily violence towards the child's mother). This rate rose to 55% in a more detailed follow-up study of 40 children.²²

2.3.3 Impact on the child or young person's health

Physical effects of domestic violence can include:

- > death;
- > physical injury, e.g. broken bones and bruises (children may be directly injured by the abuser or indirectly when trying to protect the non-abusing parent);
- > premature birth, low birth weight and/or brain damage;
- > stress-related illness, e.g. asthma and bronchitis;
- > failure to thrive or weight loss;
- > speech and language delays;
- > bed-wetting;
- > sleep disturbance, including nightmares;
- > eating difficulties;
- > self-harm;
- > substance and alcohol misuse;

²¹ Hester, M. and Pearson, C. (1998) *From periphery to centre: Domestic violence in work with abused children*, Policy Press

²² Farmer, E. and Pollock, S. (1998) *Sexually Abused and Abusing Children in Substitute Care*, John Wiley & Sons

- > mental health issues such as depression and anxiety; and
- > increased risk to health and of accidental injury associated with living in temporary accommodation.²³

2.3.4 Impact on the child or young person's behaviour

Individual children react in very different ways to the violence they are witnessing or experiencing. Some children are reported to demonstrate more **externalising behaviours** and can be more aggressive and anti-social, while others have high rates of depression, anxiety and trauma symptoms known as **internalised behaviours**. More passive children may have difficulty expressing their emotions and asserting

themselves. They may turn their aggression inwards on themselves; this response is more common for girls.

Of children from families where domestic violence is an issue, 40% exhibit clinically significant behavioural problems, compared with 10% of children who do not live in families where domestic violence is an issue.²⁴

2.3.5 Impact on the child or young person's emotional well-being

'Dad sometimes hits mum when he's angry. I think it might be my fault because I can never get things right with my dad.'
(Girl, 14, calling ChildLine)

²³ National Domestic Violence Health Practice Forum/HEVAN (2006) *Domestic Abuse Training Manual for Health Practitioners*, DH/Home Office, <http://tinyurl.com/2awpvn>

²⁴ Harold, G. and Howarth, E. (2004) *How Marital Conflict and Violence Affects Children: Theory, Research and Future Directions*, in Calder, M., Harold, G. and Howarth, E. (eds) *Children Living with Domestic Violence: Towards a Framework for Assessment and Intervention*, Russell House Publishing

Children can suffer from an elevated risk of post-traumatic stress disorder (PTSD).²⁵ Domestic violence undermines a child's feeling of safety at home and their reactions may be consistent with PTSD symptoms. It is important to be aware that some symptoms may not show themselves until later on and may not therefore be recognised as linked to the violence and abuse. These symptoms can last for a long time and the child may benefit from support and therapy to help reduce fears and worries.

PTSD symptoms can include:

- > dissociation – numbness and withdrawal;
- > disturbed sleep;
- > impaired concentration and memory;

- > flashbacks – acting or feeling like the experience is happening again; and
- > increased alertness to their environment.

Other effects may include:

- > significantly more frequent behavioural and emotional problems;
- > lower self-esteem and self-confidence;
- > possible difficulties with understanding how others feel;
- > difficulties with peers and making friends;
- > children who have been physically abused as well as witnessing the violence tend to show the highest levels of behavioural and emotional disturbance; and

²⁵ Graham-Berman, S. and Levendosky, A. (1998) *Traumatic stress symptoms in children of battered women*, *Journal of Interpersonal Violence* 13(1):111–128

- > role reversal where children take on inappropriate responsibilities and caretaking.

2.3.6 Impact on the child or young person's cognitive abilities

The distracting effects of what is going on at home, as well as disrupted schooling from moving to refuges and temporary accommodation, can have an adverse impact on a child's academic attainment. In one study, in 75% of cases, children had delayed cognitive development and 86% had delayed language development.²⁶ A child may display behavioural problems in class that can be misinterpreted by teachers as being 'naughty'.

Children may also be absent from school, which can be for a

number of reasons: some may be scared to leave the victim with the abuser, some may be asked to look after younger siblings, some may try to run away, some may not be able to attend due to having to flee the violence and some may be kept at home by the perpetrator against their will.

It is important to remember that school may be a safer and happier place for children than a difficult home life.

Of immediate practical concern is getting children back into school when they have to leave home or move into a refuge.

For more information on how domestic violence may affect a child's education, please see section 6.

²⁶ Veltman, W. and Browne, K. (2001) *Three decades of child maltreatment research: Implications for the school years*, Trauma, Violence, Abuse 2 (3):215–239

Example of good practice

The coordinated community group model for children and mothers who have experienced domestic violence was originally a Canadian model that has been successfully piloted in Sutton, London. An evaluation can be downloaded from:

www.gldvp.org.uk/C2B/document_tree/ViewADocument.asp?ID=271&CatID=169

These are integrated community group programmes for children and their mothers who have experienced domestic violence. The 12 weekly sessions are held in a community-based setting in which children can meet other children who are in the same situation as themselves, explore their feelings and learn how they can best protect themselves. Core issues addressed are: validation of the children's experiences; understanding abuse; reducing self-blame; safety planning; managing appropriate and inappropriate expressions of emotion.

Alongside the children's programme, mothers also attend a 12-week programme and are supported to understand how the violence has affected their child and how best to help them through the healing process.

The Greater London Domestic Violence Project (GLDVP) will be rolling this model out across London; training is due to begin in early 2009. For details please contact Jo Sharpen on 020 7785 3866 or by email on joanna.sharpen@gldvp.org.uk.

2.4 Effects by age and implications of disclosure for professionals

*'Violence affects children's view of the world and of themselves, their ideas about the meaning and purpose of life, their expectations for future happiness and their moral development. This disrupts children's progression through age-appropriate developmental tasks.'*²⁷

2.4.1 Effects on unborn children

In almost one-third of cases, domestic violence begins or escalates during pregnancy, and it is associated with increased rates of miscarriage, premature birth, foetal injury and foetal death. The mother may be prevented from seeking or receiving proper antenatal or postnatal care. In addition, if

the mother is being abused it can affect her attachment to her child, and more so if the pregnancy is a result of rape by her partner.

2.4.2 Effects on infants

Babies are often directly involved in domestic violence incidents. The mother may be holding the child while she is being attacked, hit by thrown objects, or intentionally threatened or hurt. Even when they are apparently lying passively in their cots, infants are extremely sensitive to their surroundings and especially to the emotional signals given out by their caregivers, including a caregiver's depressed, anxious, fearful or angry mood.

Research on brain development suggests that exposure to extreme trauma will change

²⁷ Margolin, G. and Gordis, E. (2000) *The effects of family and community violence on children*, Annual Review of Psychology 51:445–479

the organisation of the brain, resulting in difficulties in dealing with stresses later in life.²⁸

Noticeable changes in infant behaviour include irritability, sleep disturbances, more extreme 'startle' responses, clinginess, increase in tantrums, delayed speech or skill development, a return to more babyish behaviour and more minor illnesses.²⁹

Disruption of attachment

Many studies show a link between secure parent-child attachments in infancy with later positive developmental outcomes.

The quality of these attachments serves as a model of how to relate to people later in life.

Research on attachment in infancy has shown that the more serious the level of domestic violence, the higher the likelihood of insecure, disorganised, attachments. Frightening or frightened behaviour of caregivers might promote insecure attachment. Of babies in a sample of mothers who had been the target of domestic violence, 50% were classified as having 'disorganised attachment'. The mother was a source of both fear and comfort and babies were both afraid of and afraid for their mothers. In these confusing circumstances, the baby does not develop a consistent or coherent strategy for obtaining help and comfort from its mother.³⁰

²⁸ Perry, B. and Pollard, D. (1997) *Altered brain development following global neglect in early childhood*, Society For Neuroscience: Proceedings from Annual Meeting, New Orleans

²⁹ Margolin, G. and Gordis, E. (2000) *The effects of family and community violence on children*, Annual Review of Psychology 51:445–479

³⁰ Zeanah, C. (1999) *Disturbance and disorders of attachment in infancy: An overview*, Infant Mental Health Journal 20:1–9

2.4.3 Effects on a pre-school child

A young child often cannot describe their experiences in much detail. It is important to look for other clues, such as:

- > physical complaints, e.g. stomach aches or headaches;
- > attributing blame for violence to themselves;
- > excessive anxiety over separation;
- > bed-wetting/regressive behaviours;
- > tendency to 'whine' or cling anxiously;
- > sleeping problems (e.g. insomnia, heightened fear of the dark, resisting bedtime);
- > failing to thrive;
- > withdrawal;
- > lack of trust of adults;

- > lack of ability to relate appropriately to adults;
- > fear of a particular person or gender of person;
- > self-destructive or aggressive behaviour;
- > predominant theme of power and control in interactions;
- > playing at or drawing scenes of aggression and abuse;
- > being overly helpful and eager to please;
- > fear or rejection of non-threatening touch; or
- > not wanting to talk about home or go home.

2.4.4 Effects on school-age children

- > continuing physical complaints;

- > excessive approval-seeking behaviour;
- > withdrawal, passivity, being compliant;
- > low frustration tolerance or infinite patience;
- > more susceptible to adopting rationalisations heard to justify violence;
- > acting too frequently as 'mother's/teacher's little helper';
- > temper tantrums;
- > aggression and fighting with siblings and classmates;
- > bullying/being bullied;
- > eating disorders or problems sleeping;
- > difficulty responding appropriately to women or men in authority;
- > regressive behaviour;
- > over-protective of siblings;
- > seeking the protection of older children;
- > may learn gender roles associated with intimate partner abuse;
- > covering up of body/injuries;
- > isolated and depressed;
- > obsessive behaviour;
- > not inviting friends home or socialising;
- > inappropriate sexual behaviour/language/attitudes; or
- > poverty that is not easily explained.

2.4.5 Effects on adolescents

(See section 8 for a full discussion of domestic violence in adolescents' own intimate relationships.)

The following indicators (as well as the ones mentioned previously) may be present for a variety of reasons, not just domestic violence; however, if some of these factors are present then domestic violence should be included in any risk assessment process:

- > escape into drug or alcohol abuse;
- > running away from home (or almost never being at home);
- > suicidal thoughts and actions;
- > physically trying to stop violence;
- > may have difficulty establishing healthy relationships; possibly at greater risk of becoming involved in dating violence;
- > homicidal or violent thoughts and actions;
- > criminal actions such as drug dealing or theft;
- > poor self-esteem;
- > pessimistic that their basic needs for safety, love and belonging will be met;
- > difficulties in peer relationships;
- > expressing decreased empathy for victims;
- > difficulties in school and studies/truancy;
- > early pregnancy – attempt to escape from home situation;
- > negative or abusive sexual behaviour;
- > eating disorders and/or self-harm; or
- > lies and secrecy, particularly about home and parents.

See section 6 for detailed information on how to deal with a child's disclosure.

2.5 The roles children may assume³¹

Children can adopt or be given 'roles' that they can unconsciously play out while interacting with others in the family. These roles may be imposed on the child and children can take on more than one role. These often become apparent during an abusive incident and are sometimes used as a coping strategy. These roles can be hard to 'turn off' and may continue even after the abuser has left.

Considering these roles can help us to understand how children interpret and cope with abuse and violence, and how

different children in the same family may have very different understanding of and reactions to what happens in their home.

These roles can include the following:

Caretaker

The child acts as a parent to younger siblings and mother. They may oversee routines and household responsibilities (e.g. meals, putting young siblings to bed), help to keep siblings safe during a violent incident and comforting them afterwards.

Mother's confidant

The child hears their mother's feelings, concerns and plans. After witnessing abusive incidents, his or her recollections may serve as a 'reality check' for the mother if the abuser later minimises or lies about events.

³¹ Taken from Cunningham, A. and Baker, L. (2004) *What About Me! Seeking to Understand the Child's View of Violence in the Family*, Centre for Children & Families in the Justice System

Abuser's confidant

The child who is treated better by the abuser and most likely to be told their justifications for their abuse. They may be asked to report back on the non-abuser's behaviour and be rewarded for doing so with, for example, privileges or absence of harsh treatment.

Abuser's assistant

The child who is forced to assist in the abuse of the other parent (e.g. made to say demeaning things or to physically abuse).

Perfect child

The child who tries to prevent violence by actively addressing issues they see to be triggers, perhaps by excelling in school and never arguing or misbehaving.

Referee

The child who mediates and tries to keep the peace.

Scapegoat

The child identified as the cause of family problems, blamed for tension between parents or whose behaviour is used to justify violence. They may have additional vulnerabilities or be a step-child to the abuser.

2.6 The overlap between domestic violence and child abuse

Some aspects of abuse can be seen as both domestic violence and child abuse. For instance, if a man humiliates a woman in front of her child, or if he abuses the child in front of the mother, both these examples can be seen as ways to exert power and control over both the victims, not just the one being directly abused.

The safety and empowerment of women are the most effective forms of child protection.

It is important to remember that association does not equal causation. The fact that two things are linked does not necessarily mean that one causes the other. Domestic violence is often associated with other risk factors³² such as poverty, substance abuse, child sexual and physical abuse, maternal depression and parenting style.

2.7 Significant harm

There are no definitive criteria to rely on when judging what constitutes significant harm. However, the Children Act 2004 indicates that the child's health or development should be compared with that which could be reasonably expected of a child of that age.

Section 120 of The Adoption and Children Act 2002 extended the legal definition of 'significant harm' to make it clear that such harm includes *'any impairment of the child's health or development as a result of witnessing the ill-treatment of another person, such as domestic violence'*.

This amendment was introduced in response to evidence that children can suffer serious long-term damage from living in a household where domestic violence and abuse are taking place.

The extended definition applies to all proceedings where a court applies the 'welfare checklist' of section 1(3) of the Children Act 1989 and includes contact or residence orders.

³² Margolin, G. and Gordis, E. (2000) *The effects of family and community violence on children*, Annual Review of Psychology 51:445–479

2.8 Separation and the risks associated with leaving a violent relationship

When considering risks to children living with domestic abuse it is important to remember that there are also very serious, often increased risks associated with the processes of the non-abusing parent leaving the relationship and the home. While in the long run leaving will often provide safety and security for children and non-abusing parents, the risks to, and detrimental effects on, children must also be considered.

It is particularly important that professionals do not see the child and non-abusing parent leaving the home and relationship as an opportunity to close the case. Risk of homicide, for example, is increased at and

around the point of leaving, and there are many other reasons why children and non-abusing parents will need significantly increased support at this time rather than less.

It is often thought that domestic violence stops when the non-abusing partner leaves a violent relationship. This is not true: in fact, domestic violence can continue long after a relationship has ended. Separation increases the risk of homicide and child homicide. Some 76% of separated women suffer post-separation violence.³³

There is often a presumption that women should leave violent partners in order to protect their children, and indeed 79% of women leave their violent partner because the abuse is affecting their children or because they fear for their children's lives.³⁴

³³ Humphreys, C. and Thiara, R. (2002) *Routes to Safety*, Women's Aid

³⁴ HM Government (2006) *Working Together to Safeguard Children*, Section 11.45, DfES

This is problematic in several ways: to understand why women do not leave violent partners, or why they may choose to return to the relationship.

- > it places the responsibility for protecting the children entirely on the mother, rendering the perpetrator 'invisible';
 - > it does not take account of the fact that the violence may continue after separation;
 - > child contact can provide a way for a violent partner and father to continue abuse, thus making it more likely that children will witness abuse than before the separation (see section 6 for a detailed discussion of child contact).
- Some of the reasons that a woman may have for staying in a violent relationship are:
- > thinking that she can change her abusive partner;
 - > not wanting to leave her home/family/friends;
 - > not wanting to disrupt children's lives/education;
 - > pets;
 - > hoping that things will improve;

2.8.1 Why do women stay?

Despite the risks associated with leaving and the obvious impact of domestic violence on women and children, some professionals can still find it hard

- > not wanting to leave her job;
- > not being allowed to work;
- > limited finances;
- > not knowing where to go;

- > being afraid of what the partner may do;
- > still being in love with him;
- > not defining what has happened to her as abuse;
- > family pressuring her not to leave;
- > self-blame; and
- > feeling that she does not deserve any better.

It is important to think about leaving an abusive partner as a process rather than an isolated action. Professionals can feel frustrated if a woman returns to an abusive partner, so it is helpful for them to think about what is preventing her from sustaining the break.

It will also be hard for children to understand and see the advantages to leaving. They can lose their

home, schools, friends and family, as well as their father (whom they often still love and miss).

It is helpful to think of these factors in terms of losses and gains:³⁵

- > Most losses are tangible, while most gains are intangible, making comparisons difficult.
- > Most losses are certain; most gains are probable, but not certain.
- > Most losses are immediate; most gains take time.

The gains from leaving a violent relationship (safety, a new start, self-confidence, control, improved health etc.) may not happen immediately. To obtain these gains, a woman and her children have to do more than leave the relationship. They

³⁵ James-Hanman, D. (2003) *Should I stay or should I go?* Hampshire

may have to have contact with many services, and often face court appearances and so on. Professionals need to understand the trauma and risks associated with leaving and support them through the process.

2.9 Links between domestic violence, substance misuse and child protection

Alcohol is thought to be a factor in one third of all domestic violence assaults.³⁶

Children who grow up in families where there is domestic violence and/or parental alcohol or drug misuse are at an increased risk of significant harm.³⁷

Research shows that 60–80% of women receiving support for

alcohol problems have suffered domestic abuse in the previous 6–12 months.³⁸ A significant proportion of these women have children. There are many parallels between the effects of parental drug and alcohol misuse and the effects of domestic violence on children.³⁹

It is unusual for one agency to deal with both of these issues, so sometimes women and children fall through the gaps in service provision. Drug and alcohol agencies and domestic violence services need to be aware of the other issues and know how to make appropriate referrals. See the Stella toolkit for detailed information.⁴⁰

³⁶ Finney, A. (2004) *Alcohol and intimate partner violence: Key findings from the research*, Home Office Findings No. 216, Home Office. www.homeoffice.gov.uk/rds/pdfs04/r216.pdf

³⁷ Humphreys, C. and Stanley, N. (eds.) (2006) *Child Protection and Domestic Violence: Directions for Good Practice*, Jessica Kingsley Publishers

³⁸ Chase, K. et al (2003) *Factors associated with partner violence among female alcoholic patients and their male partners*, *Journal of Studies on Alcohol* 64(1):37–48

³⁹ Galvani, S. (2006) *Safeguarding children: Working with parental alcohol problems and domestic abuse*, Alcohol Concern, London

⁴⁰ This can be downloaded from www.gldvp.org.uk/C2B/document_tree/ViewADocument.asp?ID=77&CatID=154

- > Unborn children may be vulnerable to direct harm due to the impact of maternal alcohol or drug misuse or physical assaults directed at the pregnant woman.
- > Domestic violence or drug and alcohol misuse may adversely affect parenting capacity. Parental behaviour may become erratic and unpredictable.
- > Children in families where there is parental drug or alcohol misuse may have to assume a caring role for parents and siblings.
- > Isolation caused by fear of drug and alcohol misuse or domestic violence being discovered can lead to children missing out on vital services and support.
- > Family income can be affected by alcohol or drug misuse.

2.10 Resilience

Some children appear resilient to the trauma associated with exposure to domestic violence, while others go on to develop long-term, clinically significant emotional and behavioural problems.⁴¹

Resilience can be defined both as an **outcome** (emotional well-being against the odds) and/or as a **process** (adaptation in the face of adversity).

This can be related to how different children interpret conflict. Identifying protective factors and increasing resilience can reduce the risk of harm. Some children will be severely affected by experiencing domestic violence but may be

⁴¹ Appel, A. and Holden, G. (1998) *The co-occurrence of spouse and physical child abuse: A review and appraisal*, *Journal of Family Psychology* 12(4):578–599

able to recover more quickly than others to a developmentally appropriate level.

Rutter⁴² identified the key components of resilience in an individual:

- > a sense of self-esteem and self-confidence;
- > a belief in one's self-efficacy;
- > an ability to deal with change and adaptation; and
- > a repertoire of social problem solving approaches.

Once children become aware of conflict in the home, factors such as the frequency, intensity, resolution methods, quality of the parent-child relationship, and the child's gender and temperament will influence how this conflict is seen.

The next stage involves a personal interpretation of the conflict, with the child trying to work out what caused the conflict, who was to blame and how to cope with it.⁴³ Children who perceive the conflict as threatening or who feel unable to cope are likely to feel more anxious and helpless. If they blame themselves they can feel guilt and shame. To summarise, there seem to be four overarching factors relating to resilience: the extent of the violence, the child's characteristics, parenting factors, and temporary and long-term safety.

Minimising the number of risk factors to which children are exposed, while simultaneously encouraging protective processes, can be a highly

⁴² Rutter, M. (1985) *Resilience in the face of adversity – protective factors and resistance to psychiatric-disorder*, British Journal of Psychiatry 147:598–611

⁴³ Grych, J. and Fincham, F. (1990) *Marital conflict and children's adjustment: A cognitive contextual framework*, Psychological Bulletin 108:267–290

effective way of reducing negative outcomes.⁴⁴

Resilient children may seem to be less vulnerable and less in need of support; however, it is important to remember that children's needs can change and that they should still have equal access to services.

2.10.1 Protective factors

Factors that may protect children and increase their resilience include:

- > an end to the abuse, with safety being a reality, including that of the mother;
- > their own personal resources;
- > social competence;
- > developmentally supportive routines;
- > a protective and supportive network outside their immediate family;
- > open communication about the domestic violence, and opportunities to rebuild family relationships;
- > a positive relationship with the non-abusing parent: this may not protect the child, but will aid the recovery process afterwards;
- > learning about positive non-violent responses to abuse;
- > healthy attachment relationships;
- > counselling/group work with other children who understand their experiences; and
- > the perpetrator accepting responsibility for the abuse, and making reparations.

⁴⁴ Gewirtz, A. and Edleson, J. (in press) *Young children's exposure to adult domestic violence: Towards a risk and resilience framework for research and intervention*, Journal of Family Violence (earlier version online at www.uiowa.edu/~socialwk/publications.html)

2.11 Domestic violence and diversity

2.11.1 Ethnicity

According to the British Crime Survey the prevalence of domestic violence shows little variation in terms of ethnicity. However, some domestic violence involves culturally specific forms of harm, particularly affecting black and minority ethnic communities. These include forced marriage, FGM and so-called ‘honour’ crimes and killings. (See section 9 for more detail.) Stigma and shame are powerful factors in preventing women of all cultures from seeking help. Women and children from some communities may be affected on three interacting levels, namely:

- > society – institutional racism and harassment;
- > family and community – patriarchal practices and traditions; and
- > individual – the impact of one’s own culture and beliefs.

Patriarchal practices and traditions exist in all cultures and children of all cultures experience harm and abuse. Culture cannot be used as an excuse to justify abusive behaviour. However, when doing assessments practitioners must be aware of a child’s cultural background and how it may affect parenting style.

Lord Laming’s Victoria Climbié inquiry report highlights that all statutory agencies have a duty of care to keep children safe, regardless of cultural background.

Recommendation 16.11 of the report states:

*'There can be no excuse or justification for failing to take adequate steps to protect a vulnerable child, simply because that child's cultural background would make the necessary action somehow inappropriate. This is not an area in which there is much scope for political correctness.'*⁴⁵

2.11.2 Issues to consider when working with families from different cultures

- > be aware of your own assumptions, culture and stereotypes and think how these could affect a child;
- > do not assume that families of a particular ethnicity conform to particular beliefs and practices. Do not
- make judgements about a family's lifestyle based on generalisations about a particular race or culture;
- > cultural beliefs such as izzat and sharam (honour and shame) may act as barriers to accessing services;
- > practitioners may have a lack of knowledge about or understanding of particular cultures, gender roles and customs;
- > there may be poor communication due to a language barrier;
- > the visibility of their situation within their community may pose problems;
- > interpreters should be used where necessary – this job should never be left to the child;

⁴⁵ Department of Health and Home Office (2003) *The Victoria Climbié Inquiry: Report of an Inquiry by Lord Laming*, London: HMSO

- > people from different cultures may perceive official agencies as threatening, especially if their immigration status is insecure and/or if their country of origin has a repressive regime;
- > an additional stress factor for children of such families can be posed by moving away from their community, which can constitute their cultural identity. Such children report feeling isolated. However, in some cases they report feeling that their extended family was colluding with the abuser;⁴⁶ and
- > some children may face the additional threat of abduction abroad.

2.11.3 Children with disabilities

Disabled children qualify as children in need under section 17(10) of the Children Act 1989.

However:

- > only one in 13 families with disabled children get support from social services;
- > disabled children are 13 times more likely to be excluded from school; and
- > eight out of 10 families with disabled children say that they are at breaking point.⁴⁷

Due to the high incidence of domestic violence attacks on pregnant women, there may be a higher proportion of children with disabilities living in households with domestic violence than in the population

⁴⁶ Mullender, A., Hague, G., Imam, U., Kelly, L. and Malos, E. (2000) *Children's needs, coping strategies and understandings of woman abuse*, University of Warwick

⁴⁷ Every Disabled Child Matters. www.edcm.org.uk/page.asp

as a whole.⁴⁸ A survey of refugees found that over a quarter had at least one child with a disability in residence.⁴⁹

Disabled children are three times more likely to be abused than non-disabled children and learning-disabled children are 3.4 times more likely to be abused or neglected.⁵⁰

This is for three main reasons:

- > their disability, which may make them less able to stop or report abuse;
- > inadequate services, which can stretch families to breaking point; and
- > society's attitudes and assumptions about disabled

children, which prevent abuse from being identified and support or treatment from being offered.⁵¹

Mothers who are experiencing domestic violence and who have children with disabilities can face additional difficulties when trying to leave an abusive relationship.

2.11.4 Issues to consider when working with disabled children

- > abuse of a woman during pregnancy could result in her baby being born with disabilities. Physical and learning disabilities can be a result of direct or indirect abuse within a domestic violence context;⁵²

⁴⁸ Radford, L. and Hester, M. (2002) *Overcoming mother blaming? Future directions for research on mothering and domestic violence*, in Graham-Bermann, S. and Edleson, J. (eds) *Domestic violence in the lives of children: The future of research, intervention and social policy*, Washington, DC: American Psychological Association

⁴⁹ Kelly, L. et al (1996) *Children, Domestic Violence and Refuges: A Study of Needs and Responses*, Bristol: Women's Aid Federation Publications

⁵⁰ Sullivan, P. and Knutson, J. (2000) *Maltreatment and disabilities: A population based epidemiological study*, *Child Abuse and Neglect* 24(10):1257–73

⁵¹ Goodall, E. and Lumley, T. (2006) *Not seen and not heard: Child abuse, a guide for donors and funders*, London: New Philanthropy Capital

⁵² Kelly, L. (1992) *The connections between child abuse and disability: A review of the research evidence*, *Child Abuse Review* 1:157–167

- > disabled children may have an impaired ability to avoid abuse; challenge stereotypes and negative attitudes;⁵⁴ and
- > they may have communication difficulties which make it harder for them to tell others that they are being abused; > services need to provide appropriate and accessible support.
- > they may receive intimate personal care from several people, which can increase the risk of exposure to abuse and can make it hard to set and maintain boundaries;⁵³ *'Professionals who come into contact with or work with disabled children are aware of their increased vulnerability to neglect and abuse, and respond to concerns about their safety and welfare.'*⁵⁵
- > they may have fewer contacts outside the home than other children; **2.11.5 Faith and religious groups**
- > families may be worried about losing access to much-needed services and therefore not want to report abuse; It is important to consider the place of religion when dealing with children and young people affected by domestic violence. Domestic violence affects, and takes place in, **all** faith communities. It is important to ensure that faith constitutes a 'resource' rather than a
- > disability is a socially constructed concept and practitioners need to

⁵³ Flynn, H. and Starn, B. (2004) *Protecting Children: Working together to keep children safe*, Pearson Education

⁵⁴ Hester, M., Pearson, C. and Harwin, N. (2007) *Making an Impact: Children and Domestic Violence – A Reader*, Jessica Kingsley Publishers

⁵⁵ Department of Health (2000) *Assessing children in need and their families: Practice guidance*. London, The Stationery Office

'roadblock' for domestic violence survivors.⁵⁶

Unhelpful messages around religion and domestic violence include:

- > the idea that the sanctity of marriage is more important than the individual's wishes (and safety);
- > perpetrators using faith to excuse their abuse;

> community condemnation; and

> myths about religions colluding with/being accepting of domestic violence.

More positive messages include:

- > the fact that faith groups offer crucial support services;

Domestic violence and faith toolkit

GLDVP has produced *Domestic Violence and Faith: A Toolkit for Faith Leaders, Faith Organisations and Members of Faith Communities*, in order to provide faith leaders, workers and community members with the knowledge and resources to address domestic violence. The toolkit aims to provide the tools to:

- give effective and appropriate support to those affected by domestic violence;
- respond effectively to perpetrators; and
- address social tolerance of domestic violence.

The toolkit can be downloaded from:

www.gldvp.org.uk/C2B/document_tree/ViewACategory.asp?CategoryID=162

⁵⁶ Greater London Domestic Violence Project (2008) *Domestic Violence and Faith: A Toolkit for Faith Leaders, Faith Organisations and Members of Faith Communities*

- > the key importance of faith leaders in spreading the message that domestic violence is wholly unacceptable; and
- > the fact that youth groups are an ideal setting in which to educate young people about healthy relationships.

2.11.6 Gender

Boys and girls can respond differently to abuse and their beliefs about gender roles may also be affected. However, it is important to remember that other variables, such as age, will also affect a child's response. An assessment framework needs to take gender into account and allow for differences within and between boys' and girls' responses.⁵⁷

It was originally assumed that boys would identify with

their fathers, and would copy abusive behaviour and adopt externalising behaviour; and that girls would identify with their mothers, and become 'victims' and learn internalising behaviours. The reality is much more complicated. The one finding common across research is that boys and young men seem to condone and accept violence to girls and women much more than girls do themselves.⁵⁸

2.12 Good practice points: working with children and young people

- > be realistic and honest about the limits of confidentiality;
- > help the child or young person to understand that they are not to blame for the domestic violence;
- > let them know that domestic

⁵⁷ Kelly, L. (1994) *Wars on women: Sexual violence and war*, *Trouble and Strife* 28:12–19

⁵⁸ Mullender, A., Kelly, L., Hague, G., Malos, E. and Iman, U. (2002) *Children's Perspectives on Domestic Violence*, Routledge

violence is never acceptable – no one has the right to bully or abuse another person;

- > acknowledge and build on the child's or young person's strengths and survival strategies;
- > meet and communicate with the child or young person separately from the perpetrator of the domestic violence;
- > in the presence of the child or young person, try to obtain permission from the non-abusing parent for the child to talk about their experience of domestic abuse, how it has affected them and the feelings it raises;
- > talk with the child or young person about their experiences, wishes and

feelings; who meets their needs; their coping strategies; their behavioural, emotional and social responses; and their attitudes to relationships;

- > be careful to acknowledge their experiences, but not to look shocked or upset by what they tell you;
- > children and young people can find it hard to talk for many reasons, such as shame, guilt, torn loyalties, threats as to what will happen if they tell anyone, not wanting to leave home or split up the family, or simply not having the language to use; and
- > they need time to express a confusing range of emotions, and may find it easier to communicate through drawing or play activities rather than talking.

2.13 Impact on the mother–child relationship

Domestic violence can have a damaging and undermining effect on the relationship between a mother and her children. Many women do everything they can to protect their children from abuse and from seeing the violence they are experiencing. Women may stay in an abusive relationship ‘for the sake of the children’, not realising that the children might prefer her to leave. It is common for mothers and children not to talk to each other about the abuse. This ‘silence’ makes it very difficult for children to express their feelings. Quite often a mother may not fully realise how aware her children are of the violence and how it affects them.

It must be remembered that the blame for abuse and for any impact it may have on the mother–child relationship, lies solely with the perpetrator.

2.13.1 Common impacts

There are many ways in which the mother–child relationship can be affected by domestic violence; the list below covers some of the main threats:

- > a woman may see herself as an unfit mother due to a lack of confidence as a result of long-term abuse;
- > physical and emotional abuse may mean that a woman is prevented from carrying out or unable to carry out day-to-day tasks;
- > many women who are victims of domestic violence suffer mental health problems

- with associated depression, trauma, self-harm and suicide attempts.⁵⁹ This can have a detrimental effect on parenting ability;
- > a woman may try to protect her children from knowledge of what is happening, leaving them confused and reliant on their own interpretations of the abuse;
 - > if her children seem to side with the perpetrator of domestic violence against her, a woman may feel resentment;
 - > a woman may become overly clingy with her children due to feelings of isolation or protectiveness; this can place an unfair burden on the children;
 - > if a child is conceived through rape, they may represent a constant reminder of abuse;
 - > there is a heightened risk of a woman being abused during pregnancy; this is a form of woman and child abuse and is also an attack on the mother's relationship with her child;⁶⁰
 - > if children see their mother being abused, they may feel she is unable to protect them, or they may think that she has been 'naughty' and is being 'punished'.⁶¹ This can belittle mothers in the eyes of their children;
 - > boundaries are violated when a woman is sexually assaulted in front of her children;⁶²
 - > constant insults and abuse can reduce a woman's

⁵⁹ Humphreys, C. and Thiara, R. (2003) *Domestic violence and mental health: "I call it symptoms of abuse"*, British Journal of Social Work 33(2):209–226

⁶⁰ Kelly, L. (1994) *Wars on women: sexual violence and war*, Trouble and Strife 28:12–19

⁶¹ Mullender, A., Kelly, L., Hague, G., Malos, E. and Iman, U. (2002) *Children's Perspectives on Domestic Violence*, Routledge

⁶² McGee, C. (2000) *Childhood Experiences of Domestic Violence*, Jessica Kingsley Publishers

parenting power and her children's respect for her;

- > if children become emotionally and behaviourally affected themselves they can be more difficult to look after;
- > children may be coerced by the perpetrator of domestic violence to become involved in the abuse of their mother;
- > children may themselves be directly physically or sexually abused;
- > while many children are clear that the blame lies with the perpetrator, some children also blame their mother for not protecting them;
- > sometimes, a woman may physically punish her children, knowing that if she does not, the perpetrator of domestic violence against her will inflict far greater damage. The children will not understand the reasoning behind this;
- > children sometimes feel they have to intervene and protect their mother; this reverses the parent-child relationship hierarchy and places unfair responsibility on the child;
- > when women and their children are forced to leave a perpetrator of domestic violence and relocate, the children have to leave all they are familiar with behind. Their frustration at this is often taken out on their mother; and
- > children are often ordered by a court to have contact with the perpetrator, and this places a continued pressure on them and their mother, which can in turn affect their relationship.

2.13.2 Repairing the relationship *'Legacies of secrecy and of protecting one another from painful knowledge may be hard patterns to break.'*⁶³

Mothers who have suffered domestic violence need reassurance that there is a lot they can do to help their children and their relationship.

The re-establishment of order and routine is important for children. Mothers need to explain to their children that the violence was not their fault and that it is OK to talk about it.

This should be done in an age-appropriate way, with only as much information being given as is necessary. The mother should also respond honestly to her children's fears and reassure them that steps are being taken to ensure their safety. This can be difficult for the mother if she herself does not yet feel safe and it is important for her to be supported in this.

It is important to acknowledge that domestic violence will not always damage a mother–child relationship. In some cases the relationship may be strengthened by the shared experience.

⁶³ Mullender, A., Kelly, L., Hague, G., Malos, E. and Iman, U. (2002) *Children's Perspectives on Domestic Violence*, Routledge

Useful resources

Talking To My Mum: A Picture Workbook for Workers, Mothers and Children Affected by Domestic Abuse

Cathy Humphreys, Ravi K Thiara, Agnes Skamballis and Audrey Mullender

Paperback, ISBN: 9781843104223

Talking To My Mum is an activity pack for 5–8-year-olds whose families have experienced domestic abuse. Its aim is to help and encourage them to open up to their mothers about their distressing experiences.

Talking About Domestic Abuse: A Photo Activity Workbook to Develop Communication Between Mothers and Young People

Cathy Humphreys, Ravi K Thiara, Agnes Skamballis and Audrey Mullender Paperback, ISBN: 9781843104230

Talking About Domestic Abuse is an activity pack for children and young people of 9 years and above, whose families have experienced domestic abuse. Like *Talking To My Mum*, its aim is to help and encourage them to open up to their mothers about their distressing experiences.

2.14 Websites about domestic violence specifically designed for young people

The NSPCC website for children and young people, designed to give information about services and people that are there to help – www.childline.org.uk

The Hideout, a support site for children and young people living

with domestic violence – www.thehideout.org.uk/

An interactive game and informative website for young people about issues including domestic violence, sexual bullying and sexual discrimination – www.respect4us.org.uk

GLDVP has an **online e-forum** for all professionals working with children, young people and domestic violence. The e-forum provides:

- > an opportunity to post messages/questions/information;
- > a database of relevant links (which posters can add to);
- > the option to set up opinion polls;
- > discussion forums;
- > networking; and
- > the latest updates on relevant events, policies, good practice etc.

To join the forum, send an email to the address below (you do not need a Yahoo account):

gldvp_frontlinechildrensworkers-subscribe@yahoogroups.co.uk

Section 3: Every Child Matters (ECM)

3.0 Overview

In 2003, the Government published a Green Paper called *Every Child Matters*. This was published alongside the formal response to the report into the death of Victoria Climbié.

It focused on four main themes:

- > increasing the focus on supporting families and carers;
- > ensuring that necessary intervention takes place before children reach crisis point and protecting children from falling through the net;
- > addressing the underlying problems identified in the report into the death of Victoria Climbié (namely weak accountability and poor integration); and
- > ensuring that people working with children are valued, rewarded and trained.

The Government then published *Every Child Matters: next steps* and the Children Act 2004 followed by *Every Child Matters: Change for Children* in November 2004. The Children Act 2004 provided the legal framework for the ECM programme for change, which introduced sweeping changes to the way in which children's services are structured in England and Wales.

3.0.1 Changes to children's services

The Children Act 2004 made a number of changes to the way in which children's services are structured and delivered in England and Wales. **Local safeguarding children boards (LSCBs)** were put on a statutory footing in England in April 2006 and in Wales in October 2006 and replaced the non-statutory area child protection

committees. Each local authority in England (referred to in the Act as **children's services authorities**) was required to have a **children and young people's plan** in place by 2006, to give strategic direction for all services to children. It is expected that by now all English children's services authorities will have a **children's trust** which is responsible for planning, commissioning and ensuring the delivery of these services. All local authorities in England should have a **children's services director** who will be professionally accountable for the delivery of services provided by the children's trust – which includes all education and social services functions for children. There will also be an elected councillor designated as **lead member for children's services**.

The director, lead member and LSCB are the people in each English local authority who are responsible for producing and implementing child protection procedures and policies for professionals working with children.⁶⁴

3.1 ECM universal aims

ECM has five universal aims for every child:

- > be healthy;
- > stay safe;
- > enjoy and achieve;
- > make a positive contribution; and
- > achieve economic well-being.

The relevant target for children and domestic violence is shown below. It is located under the 'Stay safe' outcome and states:

⁶⁴ Walters, H. (2008) *An Introduction to the Child Protection System in the UK*, London: NSPCC

'Children affected by repeat domestic violence are identified, protected and supported.'

However, all five outcomes for children and young people can be adversely affected by domestic violence as it can have an impact on every aspect of a

child's life. This impact will vary depending on the particular child and their environment.

The table below shows a breakdown of the ECM outcome 'Stay safe', detailing where the specific domestic violence criterion fits in.

Every Child Matters – relevant domestic violence criterion

Outcome	STAY SAFE				
Aims	Safe from maltreatment, neglect, violence and sexual exploitation	Safe from accidental injury or death	Safe from bullying and discrimination	Safe from crime and anti-social behaviour in and out of school	Have security, stability and are cared for
Support	Parents, carers and families provide safe homes/stability				
Targets/ indicators	Re-registrations on child protection register	Number of 0–15-year-olds injured or killed in road traffic accidents	% 11–15-year-olds who state they have been bullied in last 12 months	Fear of crime and anti-social behaviour	% under 16-year-olds looked after for >2½ years living in same placement for >2 years or placed for adoption % care cases completed in the courts within 40 weeks
How inspectorates will judge services					
Inspection Criteria	2.5 – Children affected by repeat domestic violence are identified, protected and supported				

3.2 Evidence for the impact of domestic violence with reference to the five main outcomes for children and young people

It is important that responsibility for any effects of domestic violence is located unambiguously with the abuser. If a child is injured while intervening in a violent assault, for example, or the parenting capacity of the non-abusive parent is restricted by domestic violence, professionals must resist the temptation to blame the non-abusive parent for failing to protect or adequately care for their child. Increasing support for and safety and empowerment of the non-abusive parent is the most effective form of child protection.

The following tables list aspects of abuse relating to each of the five outcomes. There is a clear overlap between most of these and domestic violence.

1. Be healthy

Physically healthy	Mentally and emotionally healthy	Sexually healthy	Choosing not to take drugs
• Direct abuse resulting in injury • Intervening in abuse • Physical punishment • Self-harm • Eating disorders • General poorer health	• Effects of hearing and witnessing abuse • Reduced parenting ability of non-abusive parent • Anxiety and panic attacks • Nightmares and bed-wetting • Fear • Low self-esteem • Post-traumatic stress • Depression • Guilt • Anger problems • Aggressive behaviour	• Lower understanding of healthy sexual relationships • Teenage pregnancy • Increased risk of sexually acting out • Increased risk of prostitution and exploitation	• Higher risk of drug and alcohol misuse in parents and children

The Children in Need Census in Cheshire (Cheshire County Council, 2003) showed that in 41% of all social services department cases domestic violence was a significant factor. These children were twice as likely to experience mental ill health themselves and to live in households where parents/carers have mental health problems. They were also five times more likely to live in households where substances are misused.

The non-abusing parent may or may not be aware of how a child's health and behaviour has been affected by domestic violence. It is important not to be punitive and blaming but to reinforce key messages that children are often affected although this varies greatly for each child and is dependent on many factors.

What can professionals do?

- > routine maternity screening;
- > regular school medical checks;
- > routine early years screening;
- > links to teenage pregnancy units;
- > personal, social, health and economic (PSHE) curriculum to include domestic violence and healthy relationships education;
- > engagement of school nurses;
- > drug and alcohol awareness in schools with links to domestic violence and child protection;
- > parenting classes;
- > explore links between young people's mental health and domestic violence; and
- > support non-abusive parent and other carers.

2. Stay safe

Safe from neglect, violence and abuse	Safe from accidental injury or death	Safe from bullying and discrimination	Security, stability and to be cared for
• Persistent failure to meet child's basic needs • Inadequate food, clothing, shelter, hygiene etc. • Failure to thrive • Lack of supervision • Increased risk of child abuse: – Physical abuse – Sexual abuse – Abduction – Increased risk during contact sessions – Increased risk of bullying and discrimination – Increased risk of running away	• Risk of foetal injury and death • Raised chance of miscarriage • Low birth weight • Prematurity • Risks from living in unfamiliar, temporary, possibly shared accommodation	• Child experiencing domestic violence at home may be bullied at school and less likely to tell • Children may also be more likely to bully other children • Racist, homophobic, sexist bullying • Cyberbullying • Abuse over the internet	• Fear of or actual family break-up • Neglect • Insecure environment • Reduced parenting capacity • Having to leave family home

Men who are violent to their female partners are also likely to be violent to their children. The overlap between men's violence towards women and the physical abuse of children is estimated as being in the range of 30–66%.⁶⁵

A study found that children witnessing domestic violence were nearly three times as likely to be involved in physical aggression at school as those who had not.⁶⁶

A 1999 survey of 130 abused mothers, all in contact with Women's Aid, found that 76% of the 148 children ordered by the courts to have contact with their estranged parent were said to have been abused in the following ways during visits:

10% were sexually abused; 15% were physically assaulted; 26% were abducted or involved in an abduction attempt; 36% were neglected during contact; and 62% suffered emotional harm. Most of these children were under the age of 5.⁶⁷

Domestic violence is associated with a raised incidence of miscarriage, low birth weight, prematurity, foetal injury and foetal death.⁶⁸

What can professionals do?

- > peer support and education;
- > safety planning;
- > self-defence classes for young women;

⁶⁵ Edleson, J. (1999) *Children's witnessing of adult domestic violence*, Journal of Interpersonal Violence 14:839

⁶⁶ Dauvergne, M. and Johnson, M. (2001) *Children witnessing family violence*, Juristat 21:6, Canadian Centre for Justice Statistics, Statistics Canada

⁶⁷ Radford, L., Sayer, S. and AMICA (1999) *Unreasonable fears? Child contact in the context of domestic violence: A survey of mothers' perceptions of harm*, Bristol: Women's Aid Federation Publications

⁶⁸ McWilliams, M. and McKiernan, S. (1999) *Bringing it out in the open*, Belfast: HMSO

- > comprehensive and routine risk assessments;
- > awareness of dating violence in adolescents' relationships;
- > increase awareness of staff and young people about the role of the internet/mobile phones in abuse;
- > links to youth offending teams – routine screening for domestic violence;
- > prevention programmes to be set up in schools to work across the curriculum in order to increase the impact of the message;
- > effective anti-bullying policies;
- > staff training – how to deal with disclosures;
- > strong and effective links between organisations and child protection;
- > support non-abusive parent and other carers; and
- > linking adult and child services.

3. Enjoy and achieve

School attendance	School achievement – primary	School achievement – secondary	Personal and social development
• Poor attendance • Lack of concentration • Disrupted education due to fleeing abuse • Journey to school not safe • Fear of leaving non-abusing parent • Risk of truancy or running away • Lateness	• Reduced emotional and cognitive ability to deal with abuse • Unable to concentrate • Developmental delays • May have to change schools	• Unable to concentrate • Lack of quiet space at home to work • Memory impairment • If fleeing abuse, may have to leave schoolwork, computer etc. • Lack of suitable working environment in temporary accommodation • May have to change schools	• Bullying • Reduced social competence • Difficulties with peer relationships • Secrecy used as a coping strategy • Unable to participate in extra-curricular activities • Unable or unwilling to invite friends home • Inappropriate responsibilities • If fleeing abuse, may also have to leave friendships and other family relationships

Parent and child reports of domestic violence are linked to children's perceptions of negative parent-child relationships and appraisals of self-blame for the conflict as well as teacher and child reports of externalising behaviour problems which in turn are linked to children's performance on standardised academic tests.⁶⁹

Conflict between parents may affect children in important domains of their social and personal development. Academic success is known to be an important predictor of adult adjustment.⁷⁰

Pre-school children⁷¹ who are thought to witness more

violence than school-age children, have fewer emotional and cognitive resources to withstand the impacts of abuse. There is some evidence to suggest that witnessing violence in pre-school years is a risk for behaviour problems at age 16 for both boys and girls.⁷²

What can professionals do?

- > specialist counselling available in schools and other settings;
- > school attendance monitored and followed up;
- > child development workers for each refuge;
- > peer education programmes;
- > domestic violence awareness

⁶⁹ Harold, G. (2001) *Educating parents about the effects of interparental conflict on children*, The British Academy

⁷⁰ Belsky, J. and MacKinnon, C. (1994) *Transition to School: Developmental trajectories and school experiences*, *Early Education and Development* 5(2):106–119

⁷¹ Rossman, B. et al (1997) *Symptomatology and adaptive functioning for children exposed to normative stressors, dog attack and parental violence*, *Journal of the American Academy of Child and Adolescent Psychiatry* 36(8):1089–1097

⁷² Gerwitz, A. and Edelson, J. (2004) *Early Childhood, Domestic Violence and Poverty: Helping Young Children and Their Families*, Iowa City: University of Iowa School of Social Work

- training for all school staff, including extended schools;

> extra-curricular activities;

> ensure that extended school provision includes work on domestic violence, including support for non-abusing parents;
- > schools to provide a supportive and protective environment; and

> support non-abusive parent and other carers.

4. Make a positive contribution

Engage in law-abiding and positive behaviour	Develop positive relationships	Develop self-confidence
• Increased aggression • Self-harm • Unsure about appropriate conflict resolution • Increased risk taking	• Risk of bullying or being bullied • Risk to parental and other family relationships • Restricted friendships • Restricted or distorted impression of healthy intimate relationships	• Low self-esteem • Self-blame • Lack of support

Children often feel they are to blame for the violence in their family, and this diminishes their self-esteem and makes it difficult for them to develop positive relationships.

Many young people (and their parents) are frightened that living with violence marks them out as inevitably bound for a violent future themselves. It is important to dispel such myths, while also providing positive opportunities for parents to learn to discipline in non-violent ways and for young people to learn at home and at school that violence is wrong and is not appropriate as a means of conflict resolution.⁷³

What can professionals do?

- > bullying policies and anti-violence work in schools;
- > curriculum to include healthy relationships, respect, conflict resolution etc;
- > holistic approach – include parents, media, local community etc;
- > youth offending teams to screen each new referral for domestic violence; and
- > support non-abusive parent and other carers.

⁷³ Humphreys, C. and Mullender, A. (2000) *Children and domestic violence: A research overview of the impact on children*, Devon: The Policy Press

5. Achieve economic well-being

Access to further education, training, employment	Live in a decent home and sustainable community	Access to transport and material goods	Live in households free from low income
• Unable to afford or access further education • Earlier education affected reducing options for further education • Not being allowed to go to school/college	• Risk of having to flee family home • Refuge/temporary accommodation – limited choice	• Loss of possessions • Difficulty in getting to school	• Financial hardship • Financial abuse • Low income/ surviving on benefits

Children living with domestic violence may suffer financial hardship, because abusers often control the family’s finances rigidly. Abused parents can often face difficulties in gaining/ maintaining employment. They are also likely to suffer financial hardship if they flee from the family home, because this will usually mean experiencing

homelessness and losing most of their possessions. They may have to stay in a refuge or temporary accommodation, and if rehoused by the local authority or a housing association, may have a very limited choice of accommodation available to them.

*'Children who have experienced, witnessed or lived with domestic violence are at risk. They are at greater risk of exposure to poverty and homelessness, and detrimental effects on their short-term welfare and long-term life chances.'*⁷⁴

- > support non-abusive parent and other carers; and
- > improved access to advice on housing.

What can professionals do?

- > awareness of links between poverty, domestic violence and child protection;
- > early intervention and prevention;
- > specialist child development workers in refuges;
- > specialist domestic violence training for Connexions workers – support for training and education opportunities;

⁷⁴ Home Office (2005) *Domestic violence: A national report*

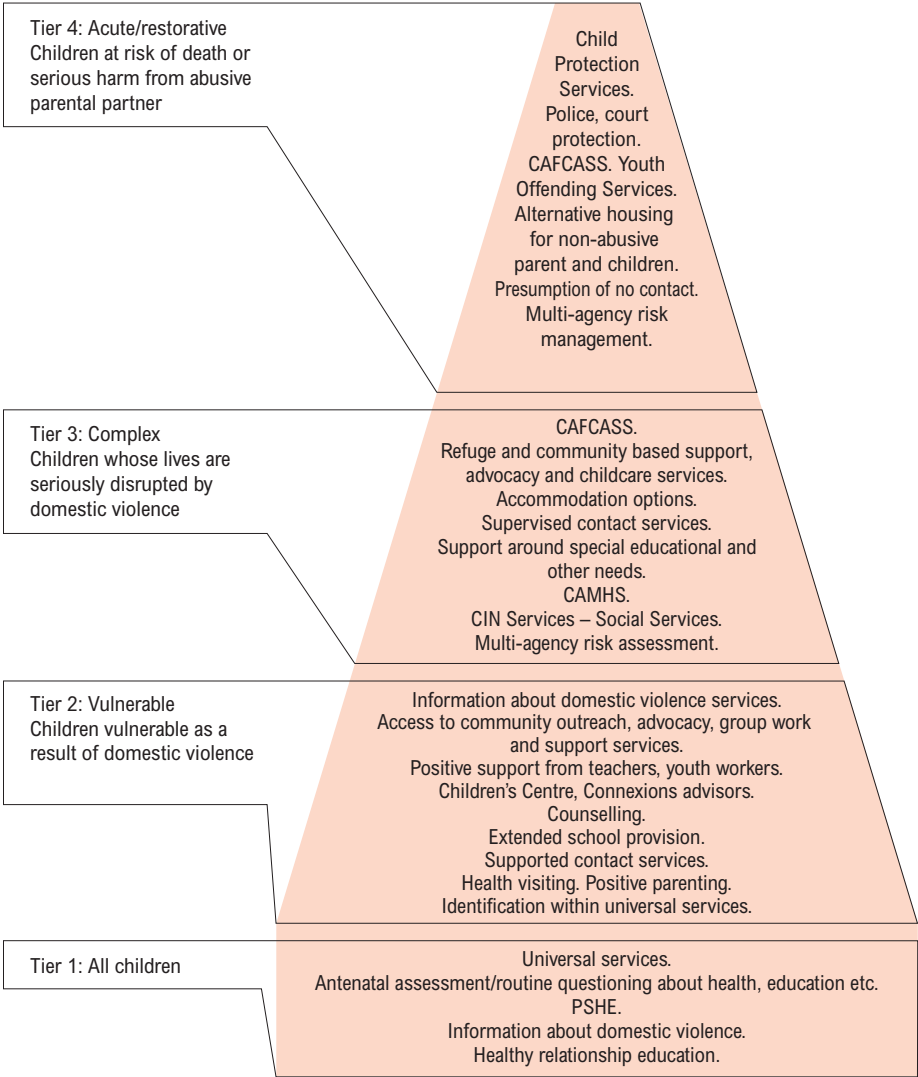
Section 4: Tiers of intervention and need within a commissioning framework

4.0 Tiers of intervention and need

The original commissioning guidance used the 'tiers of need and intervention' model adapted for domestic violence from Hardiker, Exton and Barker, 1992. This model has also been used in the Department of Health's *Framework for the Assessment of Children in Need and their Families*, 2000. A diagram of the model can be found on the next page.

The principle of the triangle is that at each tier children have access to all the services in the tiers below and additional services relevant to that tier, and that movement up the tiers is based on assessment, using the common assessment framework. Responses in Tiers 3 and 4 are multi-agency.

Tiers of need and intervention: adapted from Hardiker, Exton
and Barker, 1992



The principle of the triangle is that at each tier children have access to all the services in the tiers below and additional services relevant to that tier, and that movement up the tiers is based on assessment, using the common assessment framework. Responses in Tiers 3 and 4 are multi agency.

The model links the level of a child's need to the interventions required to meet that need. The tiers provide a safety net for vulnerable children and also a preventative approach to try to avoid escalation of problems. The higher the tier, the more complex and urgent the level of intervention.

- > **Tier 1** – Universal services that are common to all, routinely found in schools and health services.

In addition to family and friends, the local community may have information about the child. Universal services may include: health and antenatal care where routine enquiry can take place; preventative work in schools via PSHE; domestic violence forums; mainstream procedures such as workplace domestic violence policies and

tenancy agreements; and general resources in the community.

- > **Tier 2** – Services for vulnerable children. This includes problems that may be common to many vulnerable groups. Most interventions at this level are single services which can be community based or aimed at individual families. (This level includes the initial assessment to see if a more complex service is required.)

The assessment and level of risk will determine the response given by the agencies involved. There should be a minimum standard of risk assessment and safety planning. Services may include: police response to 999 calls; domestic violence outreach work; and identification of relevant issues within universal services.

- > **Tier 3** – The target at this level is children in acute crisis who require a multi-agency response. Children whose lives are seriously affected by domestic violence are situated at this level.

These families will need considerable support which may involve referral to Multi-Agency Risk Assessment Conferences (MARAC). Services at this level will include: child in need assessment services within social services; police intervention and investigation; housing options; sanctuary projects; legal protection; counselling services; probation; and specific projects dealing with domestic violence and relevant intersecting issues such as drugs and alcohol.

- > **Tier 4** – Children with acute/chronic long-term problems who are at serious risk are

dealt with via multi-agency risk management. There is a focus on rehabilitation.

The changing nature of risk is highlighted at this level, emphasising the importance of a regular review and assessment of risk to ensure women and children's continuing safety. Information sharing is also important in high-risk cases. MARAC and Multi-Agency Public Protection Arrangements (MAPPA) are key here as are child protection interventions and refuge provision. Homicide reviews may also be necessary here.

Children at each tier have access to all services in the tiers below. The model has been used in this guidance to reflect the needs of children affected by domestic violence; however, it should be noted that in each tier,

children may have a variety of needs. Many agencies may be providing a service in all tiers.

This is a fluid model and movement through the tiers is assessed by using the Common Assessment Framework (CAF).

4.1 The Common Assessment Framework (CAF)

The CAF was produced in response to recommendations made in the Victoria Climbié report. The Department for Education and Skills developed the CAF under the Every Child Matters agenda. The CAF emphasises the importance of early intervention and aims to identify children whose needs are not being met by universal services. This is done by using a standardised pre-assessment checklist which helps identify children who would benefit from a more detailed common

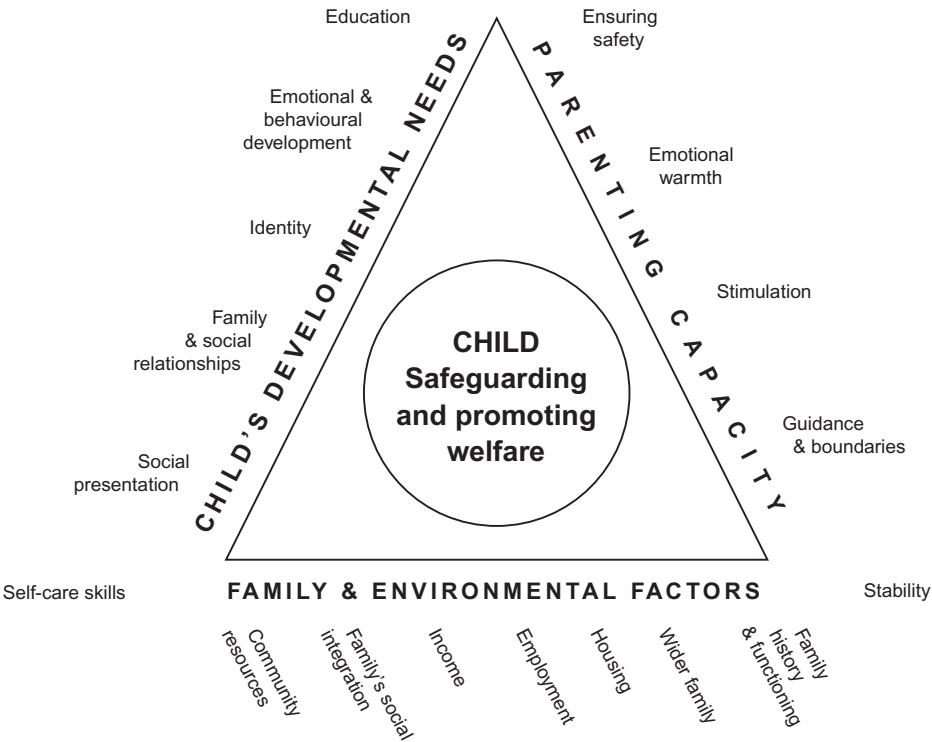
assessment. The main elements of the CAF are shown below.

These elements are based on those in the *Framework for the Assessment of Children in Need and their Families*.

This contains a section on domestic violence within the section on parenting capacity. Other frameworks have been developed to complement this guidance. For instance, Healy and Bell (2005) identify nine key areas which require a thorough assessment to determine whether a child is in need or in need of protection: the nature of abuse; the risks to children posed by the perpetrator; the risks of lethality; the perpetrator's pattern of assault and coercive behaviours; the impact of the abuse on the woman; the impact of the abuse on the children; the impact of the abuse on

the parenting role; protective factors; and the outcome of the woman's past help-seeking.

Development of child
• Health: – General health – Physical development – Speech, language and communications development
• Emotional and social development
• Behavioural development
• Identity, including self-esteem, self-image and social presentation
• Family and social relationships
• Self-care skills and independence
• Learning: – Understanding, reasoning and problem solving – Progress and achievement in learning – Participation in learning, education and employment – Aspirations
Parents and carers
• Basic care, ensuring safety and protection
• Emotional warmth and stability
• Guidance, boundaries and stimulation
Family and environmental
• Family history, functioning and well-being
• Wider family
• Housing, employment and financial considerations
• Social and community factors and resources, including education



4.1.1 Why do we need common assessments?

- > to provide a holistic tool for identifying children's needs, thereby providing a better service by looking at the child as a whole rather than from a single point of view;
- > to provide a shared language and understanding among practitioners;
- > to reduce duplication of assessments that children may have to undergo;
- > to produce a unified structure for information sharing; and
- > to collect evidence detailing the need to involve other agencies and thereby reduce unnecessary referrals.

Most children will not need a common assessment; it is intended for those who may have additional needs. The assessments will be carried out by practitioners in universal settings (Tier 1). However, all practitioners working with children should be familiar with the CAF and know how to complete the form, or how to refer a child for an assessment. It is important for practitioners working with children who are affected by domestic violence to ensure that this issue is covered in their local CAFs.

4.1.2 When should a common assessment be carried out?

At any time, especially when:

- > there are concerns about how a child (including unborn babies) or young person is progressing; or
- > a child's needs are unclear or too extensive for one service to meet.

This decision should involve the non-abusing parent and their children.

If a child is at risk of harm, the local safeguarding children board procedures should be followed immediately.

In appendix 1 to this toolkit there is a link to a sample procedure for local safeguarding children boards to adopt for safeguarding the welfare of children affected by domestic violence, containing specific sections on how to identify, respond to, assess risk from and protect children from domestic violence.

Guidance documents and materials are available from
www.everychildmatters.gov.uk/resources-and-practice/TP00004

Pre-assessment checklist:

www.everychildmatters.gov.uk/resources-and-practice/TP00004

Full CAF form:

www.everychildmatters.gov.uk/resources-and-practice/TP00004

4.2 Commissioning Services

Commissioning = ‘a cycle of activity – strategic direction, analysis of need, analysis of the gap’.

Domestic violence occurs in all communities regardless

of ethnicity, faith, class etc. Therefore, each community needs specialist tailored services to meet needs across all four tiers of intervention. These services require high-quality risk assessments. Not all children will require the same services.

Commissioning Cycle



All commissioned services need to meet the standards of the *National Service Framework for Children, Young People and Maternity Services* and the principles laid out on the safeguarding of children under section 11 of the Children Act 2004. See section 5 for a detailed analysis of these standards.

Women's Aid have published a useful starting point on commissioning services for children and young people in relation to domestic violence service provision: *Commissioning domestic violence services: A Quick Guide*, which can be found at: <http://tiny.cc/cMuAf>

4.3 Coordinated Community Response (CCR) model

The Coordinated Community

Response (CCR) model of domestic violence illustrates the inter-relationship of agencies and levels of response for tackling domestic violence. It recognises and makes explicit that no one agency can deal effectively and safely with the effects of domestic violence.⁷⁵ The diagram on the next page shows the framework of the model. A PowerPoint demonstration of the model can be found at:

www.crimereduction.homeoffice.gov.uk/dv/dv014a.ppt

The model represents stages in the response to domestic violence. These are explained below.⁷⁶

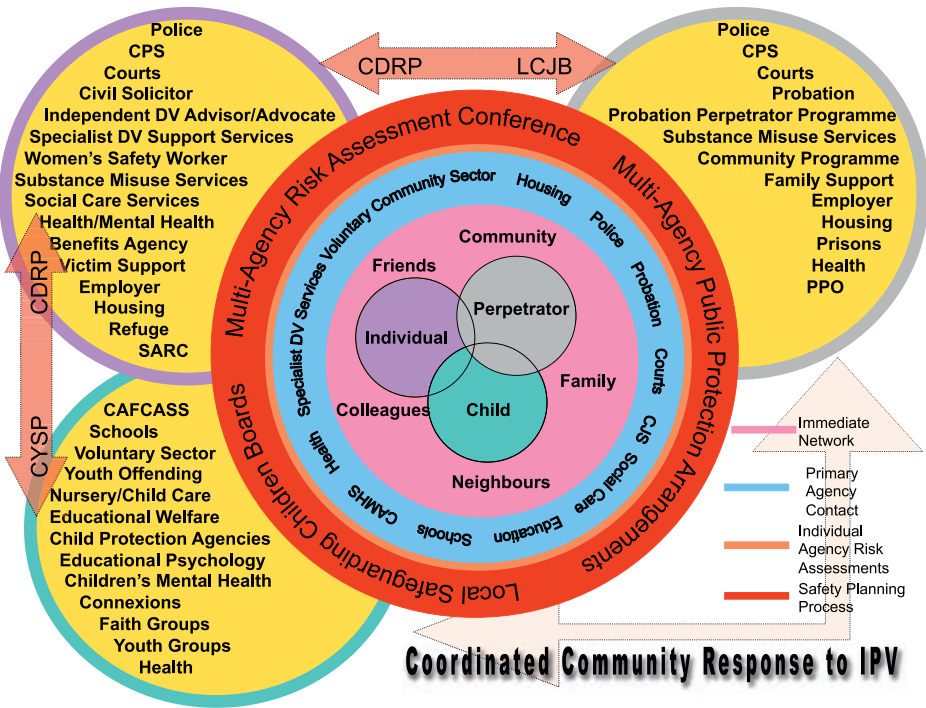
Stages:

Victim, perpetrator and child

The victim, children and

⁷⁵ Home Office (2007) *Briefing Presentation on the Coordinated Community Response to Domestic Violence*

⁷⁶ Ibid.



perpetrator are at the centre of the model. It is acknowledged that there may be more than one victim in a family and the perpetrator could be abusing both the mother and children.

Family, friends, neighbours, colleagues and community, Individuals function within a family system which then functions within a community.

The community exists within a wider structure of organisations and legislation. If the sources mentioned at this level (i.e. family, neighbours, friends and community) are not supportive, the victim may then call on help from the next level.

Primary agencies likely to be involved in a variety of capacities and at a number of levels

Primary agencies may include helplines, doctors, drug and alcohol agencies, solicitors, schools, police and Independent Domestic Violence Advisors. These form some of the first points of contact where domestic violence can be identified and assessed. Multi-agency training is essential here.

Individual agency risk assessment

This section recommends that agencies use an agreed multi-

agency risk assessment tool in domestic violence cases. The assessing agency should address the issue of sharing information with the primary agencies in the previous section, especially if risk is assessed as being high.

Agencies can use the sample procedure for responding to children affected by domestic violence included as a link in appendix 1.

Safety planning processes

Where risk assessment and partner agency information indicate that the level of risk is sufficiently high to warrant formal intervention, this section recognises the need for linked policies and procedures across MAPPA, MARAC and local safeguarding children boards.

Coordination

Good coordination is crucial to achieving successful services and effective risk management.

Link between Crime and Disorder Reduction Partnerships (CDRPs) and Local Criminal Justice Board agendas and strategic priorities

This includes bringing more offenders to justice and reducing crime.

Links between Children and Young People's Strategic Partnerships and CDRPs and domestic violence

The strategic links include the Every Child Matters agenda and the *National Service Framework for Children, Young People and Maternity Services*. Local area agreements (LAAs) are not included here but links can be made between the CCR model and the four LAA blocks (children and young people, safer stronger communities, healthy communities and older people, and the economic development block).

Links between the perpetrator service organisations and children's services

Perpetrators of domestic violence may still continue to have contact with their children. Links here would include links between perpetrator programmes and supervised child contact centres, and other initiatives such as the Caring Dads programme or the online contact centre Dads' Space.

Section 5: Standards and services

5.0 Introduction

All services commissioned by local children's strategic partnerships or trusts need to be consistent with both the standards in the National Service Framework for Children, Young People and Maternity Services and the principles set out in the statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004.

5.1 Safeguarding and promoting the welfare of children

Safeguarding and promoting the welfare of children is defined in both these standards and *Working Together to Safeguard Children*⁷⁷ as:

- > protecting children from maltreatment;

- > preventing impairment of children's health or development; and
- > ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.

These are the nationally accepted standards to which commissioners are obliged to adhere. It is useful for front-line practitioners to understand the framework in order to ensure that their service meets these key standards and is thus eligible for funding.

The key points of these standards are set out below.

5.2 National Service Framework for Children, Young People and Maternity Services

This framework sets out 11 standards to be met by health,

⁷⁷ Department of Health (1999) *Working Together to Safeguard Children*, TSO

social and educational services by 2014.

The main core standards are:

1. Promoting Health and Well-being, Identifying Needs and Intervening Early;
2. Supporting Parenting;
3. Child, Young Person and Family-Centred Services;
4. Growing Up into Adulthood; and
5. Safeguarding and Promoting the Welfare of Children and Young People.

Standard 5 requires services to promote and safeguard the welfare of children and to ensure that all staff are suitably trained and aware of what action they should take if they have concerns about a child's welfare. This is a key standard for practitioners working with

children and domestic violence.

The standard states that:

'All agencies work to prevent children suffering harm and to promote their welfare, provide them with the services they require to address their identified needs and safeguard children who are being or who are likely to be harmed.'

5.3 Indicators of good practice

1. At a strategic level, agencies and professionals work in partnership with each other and with service users and members of the local community, in accordance with their agreed LSCB annual business plan.
2. Agencies develop, implement and evaluate the effectiveness of policies, procedures and practices for safeguarding and promoting the welfare of

children and young people, including those concerned with the recruitment and management of staff.

3. Where there are concerns about a child's welfare, an assessment is undertaken in accordance with the *Framework for the Assessment of Children in Need and their Families*⁷⁸ and plans are made, implemented and reviewed which result in each child achieving their optimal outcomes. Children and families are actively involved in these processes unless this would result in harm to the child.
4. All staff are alert to the increased likelihood of harm being suffered by disabled children, or by those children who are living in special circumstances (e.g. in households suffering from domestic violence), whose needs may not be recognised by staff in statutory agencies and who, therefore, are 'invisible' to the system.
5. A broad range of integrated, evidence-based services is available to prevent children and young people from being harmed; to safeguard those who are likely to suffer significant harm; and to address the needs of those children who have suffered harm, at the same time providing support to their parents/carers.
6. Agencies provide staff working with children, young people and families with supervision and support to enable them to manage the stresses inherent in this work; implement systems which

⁷⁸ Department of Health (2000) *Assessing Children in Need and their Families: Practice Guidance*

quality-assure the services they provide or commission; and ensure that their staff use effective systems to record their work with children and families.

7. Staff (at all levels) understand their roles and responsibilities regarding safeguarding and promoting the welfare of children and young people and are appropriately trained to undertake these effectively.
8. All agencies have in place safe recruitment practices for all staff in contact with or working with children.

5.4 Domestic violence and Standard 5

Staff providing antenatal services need to be alert to and competent in recognising the risk of harm to the unborn child; for a third of abused women,

domestic violence starts or escalates during pregnancy. Substance misuse is also a major issue in some instances, so staff need to be aware of the possibility of multiple problems and their possible underlying causes. The most vulnerable women are more likely both to delay seeking care when pregnant and to fail to attend clinics regularly.

All staff working with women and children should be alert to the relationship between domestic violence and the abuse and neglect of children, and be aware that witnessing domestic violence can also constitute harm to a child or young person (Children Act 1989).

All staff should be aware of and supported by a local multi-agency agreement on the thresholds for referral to social

services in cases where there is domestic violence.

All practitioners need to be trained and equipped to include routine questions about domestic violence in all assessments, including antenatal care.

Domestic violence advocates (also known as Independent Domestic Violence Advisors or IDVAs) are trained specialists whose goal is the safety of survivors. They particularly focus on providing a premium service to survivors at medium to high risk of harm. Advocates focus on risk and risk management. They work directly with survivors to provide advice and support to help them make safety plans and understand the options they have. They also assist in accessing the full range of legal and non-legal services and resources and engage proactively

in multi-agency work to keep survivors and their children safe. They are active participants in Multi-Agency Risk Assessment Conferences (MARACs). Most of their referrals are from statutory agencies – few are self-referrals.⁷⁹

5.5 Section 11 of the Children Act 2004

Each person and body to whom this section applies must make arrangements ensuring that:

- a) their functions are discharged having regard to the need to safeguard and promote the welfare of children; and
- b) any services provided by another person pursuant to arrangements made by the person or body in the discharge of their functions are provided having regard to that need.

⁷⁹ www.caada.org.uk/idva_charter.html

The death of Victoria Climbié demonstrated a failure of the system to consider these needs. Lord Laming's report stated:

*'The support and protection of children cannot be achieved by a single agency... Every service has to play its part. All staff must have placed upon them the clear expectation that their primary responsibility is to the child and his or her family.'*⁸⁰

Lord Laming has recently written a progress report which includes a recommendation for a National Safeguarding Delivery Unit to be established, an aim of which should be to gather best practice on referral and assessment systems for children affected by domestic violence.⁸¹

Section 11 of the Children Act 2004 places a duty on key

persons and bodies to make arrangements to ensure that, in discharging their functions, they have regard for the need to safeguard and promote the welfare of children.

Where private or voluntary organisations are commissioned to provide services on behalf of one of the persons or bodies listed in section 11(1), the agreement under which the arrangements are made should require that the private or voluntary organisation concerned takes this guidance into account in the provision of the services and that, if it decides to depart from it, it has clear reasons for doing so.

There are some key features of effective arrangements to safeguard and promote the welfare of children which all

⁸⁰ Department of Health and Home Office (2003) *The Victoria Climbié Inquiry: Report of an Inquiry by Lord Laming*, London: HMSO

⁸¹ Lord Laming (2009) *The Protection of Children in England: A progress report*

agencies will need to take account of, at an organisational or strategic level. These are:

- > senior management commitment to the importance of safeguarding and promoting children's welfare;
- > a clear statement of the agency's responsibilities towards children, available to all staff;
- > a clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children;
- > service development that takes account of the need to safeguard and promote welfare and is informed, where appropriate, by the views of children and families;
- > staff training on safeguarding and promoting the welfare of children for all staff working with or (depending on the agency's primary functions) in contact with children and families;
- > safe recruitment procedures in place;
- > effective inter-agency working to safeguard and promote the welfare of children; and
- > effective information sharing.

5.6 Sample safeguarding procedure

We have developed a sample procedure for responding to children affected by domestic violence, to be adopted and used by all agencies in an LSCB. The sample procedure was developed for LSCBs to provide professionals working

with children, or with adults who have children and may be experiencing domestic violence, with clear and specific guidance about how to respond to children's experiences of domestic violence. It contains information on the ways in which children may be affected; guidance for specific agencies as well as general guidance for all agencies, including education and health services, domestic violence organisations, police, CAFCASS, Relate and others; and information about how to talk to children, suspected victims and suspected perpetrators of domestic violence about the violence and about children's experiences. There is guidance on carrying out safety planning for victims and children and on persuading perpetrators to engage with

intervention programmes to change their abusive behaviour. It also contains information on how to incorporate the specific implications of children's experiences of domestic violence into assessments of children's needs and risks of harm.

The sample procedure appears at appendix 1.

Principles underpinning work with children and families should:

- > be child centred;
- > be rooted in child development;
- > support the achievement of the best possible outcomes for children and improve their well-being;
- > be holistic in approach;
- > ensure equality of opportunity;
- > involve children and families;

- > build on strengths as well as identifying and addressing difficulties;
 - > be multi/inter-agency in their approach;
 - > be a continuing process, not an event;
 - > be designed to identify and provide the services required, and monitor the impact their provision has on children's developmental progress; and
 - > be informed by evidence.
2. Children/young people affected by domestic violence are able to develop to their full potential.
 3. Children who are vulnerable as a result of domestic violence are identified, and these children and their non-abusing parent are assured of a coordinated response from agencies who share information appropriately and safely.
 4. All children and young people and their parents/carers are informed about healthy relationships and the impact of violence and abuse.

5.7 Key standards

The original *Vision for services for children and young people affected by domestic violence* guidance identified five key standards:

1. Children/young people affected by domestic violence are identified and protected from further harm.
5. Services for children affected by domestic violence are systematically planned and coordinated in each local area.

These standards are set out in more detail below:

5.7.1 Protection and safety

Aim

Children/young people affected by domestic violence are identified and protected from further harm.

Standard

- > Children affected by domestic violence are, wherever possible, identified, through the use of clear procedures such as those contained in the sample LSCB procedure in appendix 1.
- > Children receive high-quality assessment of their specific needs arising from experiences of domestic violence, and safety planning for protection from domestic violence. Assessments should be ongoing, especially where circumstances change.
- > Every relevant agency understands and carries out its responsibilities to ensure the safety of the children and the non-abusing parent and uses a procedure such as the sample LSCB procedure in appendix 1.
- > Support of and work with the non-abusing parent are treated as essential elements of keeping children safe from domestic violence. This should be included in any plan for safeguarding children affected by domestic violence, with a clear identification of whose responsibility it is and how it will be reviewed.
- > Children and parents at risk are protected from inappropriate disclosure of information, particularly to the perpetrator of domestic violence, through the use of clear protocols and procedures.
- > Statutory agencies responsible for safeguarding children

monitor the numbers of children affected by domestic violence and take this data into account in any reviews of performance.

- > Statutory agencies responsible for safeguarding children recognise the impact of domestic violence on children at risk and make appropriate services available to meet their needs.
- > Statutory agencies with responsibility for safeguarding children consider in every case of domestic violence whether to make use of criminal and civil legal remedies to protect victims and children from the perpetrator.
- > Staff in all agencies working with children are trained in recognising and making an appropriate initial response to domestic violence.

> In family proceedings, particularly contact cases, priority is given to the children's and the abused parent's safety.

Rationale

Children need to be safe physically and emotionally. Agencies need to make children as safe as possible through risk assessment and planning. To do this, all agencies need to recognise and respond to the breadth of needs and levels of risk to children associated with living with domestic violence. This does not always happen at present, but if agencies fail to respond appropriately to domestic violence then they cannot be effectively protecting children.

The impact of domestic violence on children and the link to child protection are not always

recognised. A documentary analysis from case files of two children and families teams⁸² found failures to report to child protection conferences known incidents of domestic violence; inappropriate naming of violence as 'marital conflict'; and instances of the focus of the assessment being shifted to other issues such as mental health problems or alcohol abuse which, while also present, were not the cause of the danger. While the study also revealed more sensitive practice, the dominant pattern was of minimisation and failure to recognise domestic abuse and the links to child protection.

When working with non-abusing parents it is imperative that practitioners identify and place responsibility with the abusive parent and understand that domestic violence involves

someone choosing to use violence in front of a child, rather than seeing it as the victim's failure to protect. Violence and its effects should never be minimised or ignored because it has occurred in the family. Terms such as 'family violence' or 'abusive relationship' should be avoided, because they imply that both parents are equally responsible for the violence when this is rarely the case. Failure to identify the perpetrator also means that protection and support will not be offered to the non-abusing parent and the children. If the perpetrator is not held to account it is likely that they will go on to abuse other partners and children if this relationship ends.

It is vital that professionals are aware of the power and control dynamics of domestic

⁸² Humphreys, C. (2000) *Social work, domestic violence and child protection: Challenging practice*, Bristol: Policy Press

violence, recognise this as a child protection issue and do not allow perpetrators to manipulate the situation. This means talking to the parents separately and recognising when the presence of an abuser makes it impossible for children, or the non-abusing parent, to express their wishes or feelings.

*'Supporting the non-violent parent is likely to be the most effective way of promoting the child's welfare.'*⁸³

The parenting ability of the non-abusing parent may be adversely affected while living with domestic violence. This parent should be offered support in making safe choices for their children because this is likely to be the most effective way of promoting the children's welfare. This requires effective and safe multi-agency working and early

intervention by the police, social workers, Sure Start workers, health visitors etc.

Removing a child from the non-abusing parent should only be considered in extreme circumstances when there is no other way of ensuring the child's safety, and is normally only appropriate in very complex situations where there are a range of other issues to be addressed. Reference to 'failing to protect' should be rigorously examined in relation to domestic violence as, often, what is needed is support to restore the non-abusing parent's self-esteem and ability to parent their child safely.

In order to deal with domestic violence effectively, services need to break down the secrecy surrounding abuse and to create opportunities for the non-abusing parent and children to speak

⁸³ Department of Health (1999) *Working Together to Safeguard Children*, para 6.40, TSO

freely about their experiences and to receive practical support. This can be difficult, because many abused women say that their greatest fear is that their children will be taken into care. Perpetrators know this and often use the threat to call social services as a means of intimidating their victims.

Protection needs to be long-term, as violence does not always cease when the relationship ends. In fact, the danger of a woman being killed increases on separation and the threat may intensify during attempts to end the relationship. A third of women killed by male partners are living apart; a third of police calls to incidents of domestic violence come from separated women who are being harassed by ex-partners.⁸⁴

One area of persistent difficulty is child contact, where unacceptable risks remain for children exposed to perpetrators who may not have their best interests at heart. CAFCASS has stated that allegations of domestic violence are involved in about 60% of the cases it deals with, but the judicial statistics for 2003 show that contact was refused in less than 1% of cases. Women's Aid has reported cases where contact orders (sometimes unsupervised) have been granted to parents convicted of offences against children. This may reflect the acute shortage of facilities for supervised contact. It is generally recognised that mediation and reparation are not appropriate in cases involving domestic violence. Policy development in relation to conciliation, mediation and

⁸⁴ Kelly, L. (1999) *Domestic violence matters: an evaluation of a development project*, Home Office Study 188, TSO

parenting plans must recognise and reflect the power and control dynamics and risks involved in domestic violence cases.

Children who have witnessed abuse or been abused directly are unlikely to disclose this during a one-off interview with a stranger, so assessments of children should be done in a child-friendly environment over several sessions. Professionals need to build trusting relationships to enable children to communicate in whatever way is most comfortable for them, in order to find out how they view their family and to assess whether contact with the abusing parent will be in the child's best interest.

Services/key interventions

- > Fully accessible refuge-based support and advocacy should be available in every local area.
- > Protocols should be implemented between agencies to ensure confidentiality, particularly with regard to the addresses of survivors and refuges or any information which might indicate where they are located.
- > Specialist domestic violence training should be given to identified child protection leads and nominated key individuals within children's/ young people's services (e.g. schools, nurseries).
- > Where domestic violence is a factor, arrangements for parental attendance at child protection conferences should be such as to ensure the safety of the non-abusing parent. This usually means ensuring that the perpetrator and victim do not attend the same section of the case conference and that

- the victim's confidentiality is protected wherever possible.
- > In private law cases, LSCBs take the policy lead and are proactively involved in planning services to assess need and ensure the safety of children in relation to contact with a violent parent.
 - > Multi-agency risk assessment, management and monitoring processes (MARACs and Multi-Agency Public Protection Arrangements (MAPPAs)), in which each parent is assessed separately, should be implemented. It is essential that these processes are coordinated with child protection arrangements, and that there are arrangements for information sharing to enable risk to be managed.
 - > A national protocol should be implemented between CAFCASS and the Association of Directors of Children's Services about when to notify and refer in cases of domestic violence.
 - > Procedures to enable the family justice system to obtain information about domestic violence and risk from the criminal and civil justice systems and statutory agencies.
 - > In the family court system, all decisions about contact and residence should prioritise the safety and support of the child and the non-abusing parent. Children should have the opportunity to have their voice heard appropriately in these proceedings.

- > Children ordered to have contact with a violent parent should be protected and monitored.
- > Contact between the child and their abusive parent should take place in a supervised contact centre linked to a child-focused perpetrator programme.
- > The abusive parent has access to perpetrator programmes with associated support services.

Examples of good practice:

- > The Domestic Violence Intervention Project in London carries out specialist assessments of risk of domestic violence to children and parents for use in court reports including child protection and child contact hearings.

5.7.2. Services to promote well-being, achievement and self-esteem

Aim

Children/young people affected by domestic violence are able to develop to their full potential.

Standard

- > Appropriate, safe and timely services are available to all children affected by domestic violence. These may include specialist individual counselling services; group work with children affected by domestic violence; and safety planning with children's workers in refuges.
- > Children's voices are heard and taken into account in decisions about service delivery.
- > Support is provided to non-abusing parents/carers to enable them to meet their

children's and their own needs and to protect them from perpetrators.

Rationale

Living with domestic violence may lead to a spiral of disadvantage with long-term implications for children's physical, emotional and psychological development and employment potential.⁸⁵ For children and young people living with domestic violence, this experience is central to their lives.

Services that come into contact with these children and young people cannot achieve their primary task unless they positively address this issue.

Research into the needs of children affected by domestic violence has found that their two primary needs are to be safe

and to have someone to talk to. Children want to be listened to, taken seriously, told what is going on and involved in decisions.

Several studies point to the fact that children have the ability to recover from the effects of violence once they are in a safer, more stable environment.⁸⁶

Children and young people affected by domestic violence benefit from:

- > reassurance and encouragement;
- > knowing that they are safe and do not have to worry about the safety of other family members;
- > opportunities to explore and express their feelings;
- > meeting other children or

⁸⁵ Montgomery, S. et al (1997) *Family conflict and slow growth*, Archives of Disease in Childhood 77(4):326–330

⁸⁶ As referred to in Humphreys, C. and Mullender, A. (2000) *Children and domestic violence: a research overview of the impact on children*, Research in Practice

young people and realising that they are not the only ones who have experienced domestic violence;

- > help to communicate with their non-abusing parent about what has happened;
- > opportunities to disclose abuse to someone whom they know and trust;
- > positive role models;
- > work that challenges negative gender stereotyping or tolerance of sexual/physical violence;
- > help in dealing with behaviour problems;
- > help to catch up at school; and
- > contact with the perpetrator if they want it, but in a way which ensures their

safety both physically and emotionally.

Children's needs vary, even within the same family. Service provision must be responsive to this. Services must be based on the individual needs of the child, and so a range of provision should be available in every area. Services should strive to nurture children's capacity to understand and survive their experience and build on existing strengths, while also recognising that children's coping abilities will vary.

Direct work with children should help them to cope appropriately with the abuse they have heard or witnessed and to learn not to blame themselves for what has happened. The Home Office report on delivering support to children who have experienced domestic violence⁸⁷ recommends that one-to-one work can

⁸⁷ Home Office (2004) *Tackling Domestic Violence: Providing support for children who have witnessed domestic violence*, Home Office Development and Practice Report 33. Available at www.homeoffice.gov.uk/rds/pdfs04/dpr33.pdf

be undertaken with children from age 4 or 5 upwards. Interventions can include all forms of individual face-to-face work, such as counselling, play therapy, life story work, crisis work and safety planning. Group work with children can have the added benefit of helping children discover that they are not alone in having bad experiences. Groups tend to work best if fairly narrow age bands are chosen, always allowing that a child's developmental age may be different from their chronological age. When undertaking group selection, organisers will also need to consider the type of abuse that children have suffered.

Children need a voice. It is important for many children to feel that they are able to have a say in what they want to happen

without feeling the weight of responsibility.

Children cannot be supported in isolation from their non-abusing parent. A good parent–child relationship, particularly with the mother, can buffer children from inter-parental conflict and is the best predictor of good outcomes.⁸⁸ Supporting the non-abusing parent is an essential ingredient of effective services for children.

Child protection services, social services and CAFCASS reach only a minority of children in households where there is domestic violence. In any area refuges, voluntary sector, children's services, counselling services, schools, GPs, child and adolescent mental health services (CAMHS) and Sure Start Children's Centres may

⁸⁸ Johnston, J. (1994) *High-conflict divorce*, *The Future of Children* 4(1):165–182

all be making a contribution to reducing the harm to children from domestic violence. But equally, children may not have access to any suitable service at all.

Two-thirds of refuge residents are children. Inevitably they will have needs for protection and emotional and psychological support; but most services to children in refuges are not commissioned by any statutory agency, and existing children's services in refuges are constantly under threat of closure because the majority do not receive ongoing statutory funding. There is also a shortage of trained staff to provide such specialist domestic violence services for children and young people. Children's support services are needed in all refuges and domestic violence outreach

services for children are vital in bringing services to otherwise inaccessible children.

Research has revealed that a significant number of young people are themselves perpetrators and survivors of domestic violence. A recent survey conducted by the NSPCC and *Sugar* magazine revealed that 20% of teenage girls have been hit by a boyfriend (see section 7 for details). Women's Aid has also conducted a recent survey on teenage domestic violence. Please see their website for details: <http://tiny.cc/FAJ13>. It is important that these young people have access to services that can help them to address their behaviour. Youth offending services have a role to play in addressing domestic violence with young perpetrators.

Services/key interventions

Children and young people affected by domestic violence should be offered appropriate support within universal and specialist services.

- > Access to services and support should be provided within nurseries, schools and extended schools. For example, extended school projects, pupil support services, learning mentors and special education support should be able to access specialist advice for children affected by domestic violence.
- > Continuity of education should be assured where this is possible and safe.
- > Access to health services is supported by *Responding to domestic abuse: A handbook for health professionals*⁸⁹ which sets out a framework

and standards for good practice around domestic abuse for all health professionals.

- > Police, domestic violence services and children's services should liaise and agree on safe ways of making contact with non-abusing parents who are living with perpetrators, in order to offer information and support.
- > Key workers should be trained to provide skilled responses within specialist services such as CAMHS, counselling and psychology services, social services, family support services, children in need and young carers services, education welfare services, Connexions, youth offending teams and services designed to meet the needs of marginalised children.

⁸⁹ Department of Health (2005) *Responding to domestic abuse: A handbook for health professionals*

- > Access to supervised and supported contact centres.
 - > Access to therapeutic interventions, including counselling and psychology services and CAMHS.
 - > Children and young people should have access to specialist domestic violence services.
 - > Access to children's services activities within all refuge organisations that meet national Women's Aid service standards, and within other temporary accommodation services.
 - > Access to individual community-based domestic violence support, outreach and advocacy services.
 - > Appropriate domestic violence group work programmes
- should be available for children and young people affected by domestic violence, with links to complementary programmes for non-abusing parents and perpetrator programmes that meet Respect accreditation standards.⁹⁰
- > Access to support young people should have to address their behaviour as perpetrators of domestic violence.
 - > Parenting programmes should be geared to the needs of parents who have survived domestic violence, helping them to recognise and respond to their children's needs.
 - > There should be local mechanisms to gain children's

⁹⁰ Respect (2008) *The Respect Accreditation Standard*. www.respect.uk.net/pages/principles-and-standards.html

and young people's views about services, for example using consultation, reference groups and the internet.

Examples of good practice

- > The Lincolnshire grief and loss counselling service for children and young people has a specialist service for responding to children affected by domestic violence.
- > Basildon Women's Aid has an outstanding children's service. It provides after-school clubs, teen groups, art therapy, self-esteem sessions, family mediation and so on. It also does work in schools, and over 10,800 children and young people accessed programmes during the year 2007–08. See www.basildonwa.org.
- > The coordinated community group work programme for children affected by domestic violence (as piloted in Sutton) is an excellent example of good practice. See section 2 for more details.
- > Family Intervention Projects (FIPs) work with high need families experiencing a range of problems, which often include domestic violence as well as poor parenting, mental health problems, substance abuse and family breakdown. The Department of Health has ensured that key workers in FIPs have received training from Coordinated Action Against Domestic Abuse (CAADA) in how best to support families experiencing domestic violence. Early monitoring data suggests that FIPs help

to reduce domestic violence by half (from 21 per cent to 8 per cent). See www.dcsf.gov.uk/research for more details.

5.7.3 Early identification, assessment and information sharing

Aim

Children who are vulnerable as a result of domestic violence are identified, and these children and their non-abusing parent are assured of a coordinated response from agencies who share information appropriately and safely.

Standard

- > The common assessment framework process identifies domestic violence and children's level of need. Staff respond appropriately to this identification, where necessary referring children to other agencies.
- > Information sharing and assessment protocols recognise domestic violence as a key issue for safe information sharing. Where there is domestic violence, safety is of paramount concern and must underpin all aspects of work with the child(ren) and the non-abusive parent, and be incorporated into all assessment and information sharing protocols. It is crucial to ensure that perpetrators of domestic violence do not receive information about what their victim and/or children have said about the abuse except in exceptional circumstances.
- > Risks to the safety of the non-abusing parent and their children through inappropriate sharing of confidential information are

recognised and guarded against.

Rationale

The experience of domestic violence can impact on key outcomes for children and young people. To begin to mitigate this impact and improve outcomes, the individual needs of children and young people affected by domestic violence must be identified and acted upon. There is evidence that this does not happen at present, or at least that it happens only on a patchy and inconsistent basis.

In 2002 the Local Government Association, the NHS Confederation and the Association for the Directors of Social Services published *Serving children well – a new vision for children's services*. This paper highlighted how there had been investment in both

universal services for all children and, at the opposite end of the spectrum, specialist services for the most vulnerable children. However, this investment, and the corresponding performance indicators from different government departments, left substantial numbers of children between the two extremes who are vulnerable, but for whom there are few targeted services. For many children living with domestic violence, this is the window for early identification before the situation becomes acute.

Given the high degree of under-reporting of domestic violence, especially at an early stage, there is a key need for early identification by all agencies. To undertake routine questioning staff will need to have an awareness of the nature and

dynamics of domestic violence and training to be able to recognise it, to ask the right questions and to undertake appropriate follow-through action, including referral. For example, health professionals providing universal services can take preventative and protective action, by raising the issue with all women and routinely providing information about safer options.

Experiencing domestic violence can have a wide range of effects on children and young people. These effects will be influenced by a number of factors, including age and ethnicity as well as existing support networks, the mother's behaviour and mental health and the child's or young person's own personality and coping strategies. In response, individualised and age-appropriate

assessments are necessary so that services can be built around the child rather than around organisational structures.

Awareness and identification must include an understanding of issues which may affect children and young people from black and minority ethnic communities, including abuse perpetrated by extended family members, forced marriage and FGM. Children from black or other minority ethnic communities may also be more isolated, or may have to overcome religious and cultural pressures, or be afraid of bringing shame on their 'family honour'. For example, in many cases the only opportunity to stop a forced marriage will be through education professionals recognising the warning signs in the classroom or lecture

theatre. With this in mind the Foreign and Commonwealth Office and the Department for Children, Schools and Families (DCSF) have collaborated to produce guidelines for education professionals on handling cases of forced marriage.⁹¹

All practitioners who come into contact with survivors and perpetrators of domestic violence will need to assess whether and how to share personal information with other professionals. This should take place within an agreed multi-agency framework. Both failing to share information appropriately and doing so inappropriately can put domestic violence survivors and their children at risk. Failing to share information in high-risk cases can leave the survivor unprotected. There is a serious

risk that perpetrators will attempt to track survivors down. Professionals need to be aware of both of these dangers, and systems need to be designed and used in such a way as to maximise the safety of domestic violence survivors and their children.

ContactPoint

For details of ContactPoint, the new information system for all children, please refer to page 138.

Services/key interventions

- > Routine questioning and the provision of information about domestic violence should be undertaken by all service providers in regular contact with children and young people (for example maternity, educational, housing and homelessness

⁹¹ Foreign and Commonwealth Office and DCSF (2005) *Dealing with Cases of Forced Marriage: Guidance for Education Professionals*

- services, CAFCASS, the family courts and voluntary sector services).
- > Initial assessment within universal services should use the common assessment framework.
 - > There should be feedback and reassessment of children's and young people's needs and interventions.
 - > All agencies should have in place policies and procedures to enable them to respond appropriately, including assessment of need, safety planning and appropriate referrals. This requires a differentiated approach.
 - > Multi-agency information sharing protocols that prioritise safety should be agreed across agencies, including CAFCASS and the family courts.
 - > There should be sharing of information on high-risk cases (multi-agency risk assessment and risk management).
 - > Secure documentation and robust systems are needed to ensure safety of personal information (e.g. school records for hard-to-reach and mobile children and young people).
 - > Client confidentiality policy should include children and child protection and a clear explanation of what will happen if a disclosure is made.
- ### 5.7.4 Prevention and education
- Aim*
- All children and young people and their parents/carers are informed about healthy relationships and the impact of violence and abuse.

Standard

- > Learning, play, youth, Connexions and childcare services use their curriculum or programmes to promote healthy relationships.
- > A whole-school, cross-curricular approach to domestic violence is adopted, which makes the connections with school attendance, attainment and behaviour.
- > Services to parents/carers recognise the impact of domestic violence on relationships, and provide opportunities to improve self-esteem and assistance with bringing up children in ways which promote gender equality.

Rationale

Research into the attitudes of children and young people demonstrates the need for

preventative work to start early. A large study,⁹² involving 2,039 14–21-year-olds in Scotland and the North West of England, revealed that almost half the young men and a third of the young women could envisage circumstances in which they thought it would be acceptable for a man to hit his female partner. One in eight young men, for example, considered ‘nagging’ a justification for violence (see section 8 for more details).

These findings were supported by research into the attitudes of over 1,300 children aged 8 to 16, which revealed that:

- > over 75% of 11–12-year-old boys thought that women get hit if they make men angry, and that boys and girls of all ages believed that some

⁹² Burton, S. et al (1998) *Young people's attitudes towards violence, sex and relationships: A survey and focus group study*, Zero Tolerance Trust

- women deserve to be hit;
- > boys of all ages, particularly teenagers, have less understanding than girls of who is at fault and are more likely to excuse the perpetrator; and
 - > the vast majority of children at secondary school want to learn what to do about domestic violence and how to stop it.

To address these attitudes, messages to children and young people need to be both preventative and positive, providing information about the benefits of healthy relationships as well as the damage caused by violence. Education on these issues should start as early as possible – ideally from the age of 5 onwards.

Schools and other educational and childcare institutions have a vital role to play in prevention by educating all children and young people about domestic violence so that they can identify such behaviour later in life and have the necessary skills and confidence to form relationships based on respect. Schools are legally obliged to promote pupils' moral, spiritual and social development. Helping pupils to take responsibility for their own actions and preparing them for dealing with the actions of others is a crucial part of this legal obligation.

Attitudes towards women and girls that regard them as inferior to men and boys lie at the heart of most domestic violence. Work needs to focus on gender stereotypes, on mutual respect

in intimate relationships, and on challenging the condoning of gendered violence, within a broader context of work on respect, safety and peaceful conflict resolution. This overall non-violence approach can usefully incorporate work on racist and homophobic abuse.

Work on domestic violence should be integrated into the range of social issues that schools already address, such as bullying, emotional literacy and teenage pregnancy. A whole-school approach is necessary so that messages are embedded and reinforced. Initiatives are less successful if they are tacked on; in fact this may have adverse consequences as it can raise issues which school staff can feel ill-equipped to deal with. Youth services and Connexions services also have

a key role to play with older young people.

Parents also need support in their parenting role as well as positive opportunities to learn to discipline their children in non-physical ways.

Physical punishment of children constitutes a violation of their fundamental human rights. It hurts children both emotionally and physically, is an ineffective form of discipline, and has been shown to be linked to emotional and behavioural problems in later life.⁹³

Couples counselling is not recommended in cases of domestic violence. Parenting programmes need to take issues of domestic violence into account in planning their programmes.

⁹³ Utting, Sir W. et al. (1997) *People Like Us: The Report of the Review of the Safeguards for Children Living Away from Home*, TSO

Services/key interventions

- > Services that work with children, young people and families should promote healthy relationships as part of their mainstream service delivery (this includes health visitors, youth services, Connexions services, children's centres, services for looked-after children, colleges, schools, nurseries, etc.).
- > Educational institutions should include healthy relationships/ domestic violence prevention in their curriculum.
- > Schools should integrate this work into other aspects of school life, for example by using work done by children or young people on rights, roles and responsibilities in the development of behaviour policies, and also through anti-bullying strategies (particularly in primary education), peer support groups and national healthy schools standards.
- > Awareness training should be provided for key personnel who come into regular contact with children, young people and families. The training should include skills development for dealing with conflict, attitudes to abusiveness in relationships and gender issues.
- > Parenting skills and support programmes should be available for all parents, including perpetrator programmes that meet Respect minimum standards and support programmes for victims of abuse.

Examples of good practice

- > The Spiralling toolkit and film provide teachers, youth workers, domestic violence specialists and others with programmes of work, activities, guidance, materials and sources of further information to carry out a programme or individual sessions of domestic violence prevention work. They can be downloaded or ordered from: <http://tiny.cc/FWGLP>.
- > The National Youth Theatre (NYT) has trained peer educators to work with domestic violence specialists to provide young people with the opportunity to learn from people their own age about domestic violence and keeping safe.
- > Women's Aid has launched a new education toolkit for

schools. This 'Expect Respect' toolkit can be downloaded from: <http://tiny.cc/uNM3j>.

- > UNICEF's Rights Respecting Schools awards recognise schools that 'teach children and young people that they have rights under the United Nations Convention on the Rights of the Child. From this starting point they also learn their responsibility to respect others' rights in all relationships in the community.' See <http://rrsa.unicef.org.uk/>.

5.7.3 Coordination and Planning

Aim

Services for children affected by domestic violence are systematically planned and coordinated in each local area.

Standard

- > Inter-agency work is effective

and coordinated, ensuring that domestic violence is embedded in both the multi-agency strategic agenda and the practice agenda.

- > The impact of domestic violence on the five ECM outcomes (see section 3) is recognised, and the planning of services at each tier of need incorporates a plan for how the service will support children experiencing domestic violence and the non-abusing parent.
- > Domestic violence is recognised as a major safeguarding and child protection issue.
- > LSCBs take the lead across all the partnerships, including family and civil courts, in promoting the safety of

children affected by domestic violence.

- > Voluntary organisations providing specialist support services to women and children are included in the planning of services and the development of safeguarding arrangements for children affected by domestic violence.

Rationale

Responsibility for the safety, welfare and well-being of children affected by domestic violence is shared between a number of key partnerships and agencies in each locality, each dealing with children or their parents/carers, vulnerable children, young offenders, perpetrators, or private law litigants. Leadership of this agenda now falls clearly within the remit of the local authority's director of children's

services and, from April 2006, the LSCBs.

Key agencies with statutory responsibility come together in a range of partnerships. Many of these fall under the umbrella of the local strategic partnership, bringing together local partners to develop a community strategy. They should coordinate and drive the delivery of local services. These agencies include:

- > the local children's strategic partnership and the LSCB, sometimes led by the director of children's services, or else incorporated within a Children's Trust;
- > the local supporting people partnerships, responsible for providing housing-related support; and
- > the local crime and disorder reduction or community safety

partnership, responsible for planning and coordinating work to tackle domestic violence, and focusing on ensuring that domestic violence is treated as one of the major categories of violent crime and that the police, the Crown Prosecution Service (CPS), the probation service, the courts and local authorities work together to reduce it and to provide adequate support to victims.

Alongside the local strategic partnership are:

- > the family courts, the local family justice council and CAFCASS, dealing with residence and contact; and
- > the CPS, criminal courts and local criminal justice board, which deal with offenders.

These bodies are all evolving and their relationships and responsibilities are likely to change over time. There is potential to improve coordination of the response to domestic violence at local level through Local Area Agreements (LAAs). These are agreements between central government and the local strategic partnership that set out local priorities in order to deliver better outcomes for local people. These priorities are grouped around four blocks, with outcomes and targets for domestic violence generally identified within the safer and stronger communities block. Several of the outcomes within the children and young people block are also influenced by the impact of living with domestic violence. There is positive scope for joining up these agendas, although this is still underdeveloped in many places.

The impact of domestic violence on the five ECM outcomes is not routinely understood and embedded in thinking and planning around the implementation of the Children Act 2004. Equally, crime and disorder reduction partnerships, local domestic violence forums and voluntary sector domestic violence services for children may have limited involvement with statutory children's services and no clear relationship with the children's strategic partnership. Funding services for children in refuges is not clearly the responsibility of any agency. There is little overlap between the family courts dealing with private law cases and children's strategic partnerships. Facilities for child contact centres fall outside local planning arrangements.

Voluntary sector specialist domestic violence services, especially local Women's Aid organisations, are not generally well established within strategic planning for children's services in local partnerships. Planning needs to recognise the need for services which are accessible, non-statutory and within the community.

These specialist services are vital and should work with front-line statutory services to minimise risk and increase safety, and to improve outcomes for children.

National Indicators for local authorities and local authority partnerships

In October 2007, the Government launched the new national indicator set for local authorities and local authority partnerships. The new national indicators are the only means of measuring

delivery by local authorities alone or in partnership of the national priorities for 2008-11 that have been agreed by Government. They replace all other indicators, including Best Value Performance Indicators.

The Local Government White Paper *Strong and Prosperous Communities* (October 2006) set out a new performance framework for monitoring and regulating local government. There are several key elements to this:

- > **Local Strategic Partnerships (LSPs)** – every local area will have a Local Strategic Partnership which will decide on its local priorities.
- > **National Indicators (NIs)** – there are 198 NIs covering all the national priority outcomes against which local authority performance will be reported.

- > **Local Area Agreements (LAAs)** – the priorities agreed by the LSPs will be set out in LAAs. LAAs are agreements between central government, local authorities and their partners to improve service. The LAA process encourages the joining up of services and initiatives across agencies and also informs decisions about funding.

Every local area's LAA has 10 indicators where statutory targets are set. In addition each local area can have up to 35 improvement targets that are drawn from the national indicator set. Local authority and its partners decide the key priorities for their LAA, thus enabling them to consider priorities relating to domestic violence and sexual violence in their LAA.

The indicators that directly refer to domestic violence and sexual offence are:

- > NI 26 – Specialist support to victims of a serious sexual offence;
- > NI 32 – reducing repeat incidents of domestic violence; and
- > NI 34 – reducing the number of domestic violence murders.

However, there are other indicators within the national indicator set that also have impact in terms of preventing and minimising Domestic violence and sexual violence (e.g. NI 17 Perceptions of anti-social behaviour, and NI 140 – Fair treatment by local services).

(Note that these indicators have replaced BVPI 225.)

NI 51 Effectiveness of child and adolescent mental health (CAMHS) services	CAMHS services need to be trained on the effects of domestic violence on children and young people and, for example, the overlap in symptoms of PTSD and attention deficit hyperactivity disorder.
NI 70 Hospital admissions caused by unintentional and deliberate injuries to children and young people	Children who experience domestic violence at home can become injured during violent incidents and can also be abused themselves. Hospitals should consider that this could be a reason for unintentional and deliberate injuries.
NI 92 Narrowing the gap between the lowest achieving 20% in the Early Years Foundation Stage Profile and the rest	Experiencing domestic violence at home can adversely affect a child's cognition and educational attainment. If a family moves to a refuge or temporary accommodation, it can be very detrimental to the child's education. Schools should be aware of the effects of domestic violence on a child's education and support them accordingly. They should also understand that some children in these families can excel at school due to extra pressure to succeed.

Improving coordination in this area is timely given the wide-ranging reforms to children's services in *Every Child Matters* and the Children Act 2004. The aim is to encourage integrated planning, commissioning and delivery of services as well as to improve multidisciplinary working, remove duplication, increase accountability and improve the coordination of individual responses to children.

It is important that domestic violence is mainstreamed and integrated throughout the children's agenda.

Guidance on the duty to safeguard, the development of a common core of skills and knowledge, the drawing up of children's and young people's plans, the setting up of the

new LSCBs and the inclusion of domestic violence in the framework according to which the new children's structures will be inspected – all provide opportunities for this issue to be taken forward, but only if acted on/implemented locally and adequately resourced.

Services/key interventions

- > There should be a framework in every local children's strategic partnership or trust for planning and commissioning domestic violence services and coordinating responsibilities for reducing the harm done to children affected by domestic violence, within the context of the five outcomes for children.
- > This framework should be jointly owned by the children's

strategic partnership, the crime and disorder reduction partnership and the domestic violence forum.

- > The needs of children and young people affected by domestic violence should be incorporated in the single plan for children's services, and services should be commissioned to meet those needs, building on existing voluntary sector domestic violence services.
- > Services should be commissioned to meet the needs of vulnerable children, for example, community-based domestic violence support and advocacy services, children's centres and extended schools should include in their planning provisions for responding to

children affected by domestic violence.

- > Policies and procedures for protecting children from harm should include the requirement to work with the non-abusing parent and to challenge the abusing parent in a safe manner to take responsibility for their abuse.
- > Appropriate domestic violence training should be available on an ongoing, multidisciplinary basis to staff working at all levels of the tiers of intervention to enable them to appropriately identify and support children affected by domestic violence, and should be underpinned by appropriate policies and procedures.
- > Strategy alignment: domestic violence impacts on the

targets and responsibilities of a number of key strategic partnerships (e.g. crime and disorder reduction partnerships, the local criminal justice board, children's boards/strategic partnerships, LSCBs, supporting people commissioning boards and local strategic partnerships). A coordinated approach to service planning, commissioning and delivery is required.

- > Children and young people should be consulted and involved in the planning and maintaining of services through youth councils, schools etc.
- > Appropriate links should be made between LSCBs and family justice councils in order to ensure that children's needs are addressed within both systems.
- > Clear links should be made and maintained between LSCBs and domestic violence partnerships.

NSPCC procedures and core standards

The National Society for the Prevention of Cruelty to Children (NSPCC) has updated its best practice handbook for practitioners and managers providing services for children and young people.

For further information visit <http://tinyurl.com/2257fe>

A range of other work is already under way within both the Children's National Service Framework and ECM. Women's Aid was commissioned to develop national service standards for the England-wide network of local domestic violence services, providing refuge, outreach, advocacy and support to both women and children who have experienced domestic violence. This has recently been extended to include sexual violence. Respect has developed minimum standards for perpetrator programmes.

The Women's Aid National Service Standards for Domestic and Sexual Violence can be found at:

www.womensaid.org.uk/downloads/National%20Service%20Standards%20-%20final.pdf

The Respect Statement of Principles and Minimum Standards of Practice can be found at:

www.respect.uk.net/pages/Principles_and_Standards

Section 6: Domestic violence, child protection and risk assessments

6.0 Risk assessment

*'Probability calculation that a harmful behaviour or event will occur... it involves an assessment of frequency of a behaviour or event, its likely impact and who it will affect.'*⁹⁴

An important part of handling a disclosure of abuse is to make a thorough assessment of the child's immediate and longer-term safety needs. Domestic violence occurs along a continuum of violence, and a risk assessment can determine at what point on that continuum a woman and her children are.

Under the ECM guidance there is now more of a focus on assessing all children's needs rather than just focusing on looked-after children.

Dynamic risk factors – changeable, i.e. characteristics of the abuser, attitudes and contexts.

Static risk factors – history and past behaviour, nature of past abuse.

The key to responding effectively to domestic abuse is to understand risk assessment and safety planning as interlinked processes.

6.1 Purpose and benefits of risk assessments

- > to assess current and future risk;
- > to allow risks to be more safely managed;
- > to minimise the likelihood of further harm and re-victimisation;

⁹⁴ Kemshall, H. (1996) *Reviewing Risk: A review of research on the assessment and management of risk and dangerousness: Implications for policy and practice in the Probation Service* (A Report for the Home Office Research and Statistics Directorate), Home Office

- > to assist professionals and women to develop realistic safety plans;
- > to provide a shared language about risk for effective multi-agency working; and
- > to use as a tool for educating service providers.

A number of tools are currently used to assess risk to women and children. These tools measure several risk factors, and in some cases can be used to calculate a score reflecting the degree of potential risk.

However, it is important to remember that risk assessment should not just be a stand-alone tick-box task but should open up a dialogue with the victim and work in conjunction with other information.

The Duluth Domestic Abuse Intervention Project recommends three key questions:

- > Do you think he will seriously injure you or the children? Why do you think that?
- > What was the time you were most frightened or injured by him? and
- > Are things getting worse? Describe the pattern of the abuse (frequency, type, severity, escalation).

It is also useful to discuss any protective strategies that the woman or children may have used in the past.

6.2 Risk factors/indicators

Risk factors are 'characteristics that increase the likelihood of re-assault.'⁹⁵

⁹⁵ Gondolf, E. (2002) *Batterer intervention systems: Issues, outcomes and recommendations*, Sage

It is important to note that risk factors are not causal factors.

Some factors that are commonly linked with risk of further domestic violence are:

- > disputes over child contact;
- > previous sexual abuse;
- > previous assault/abuse;
- > escalation in severity or frequency of violence;
- > recent separation;
- > threats/attempts to kill/commit suicide (by either partner);
- > pregnancy;
- > previous criminal behaviour;
- > child abuse;
- > mental health issues;
- > substance use; and

- > vulnerability of the victim.

6.3 Risk assessment and diversity

- > Families have different needs and risks.
- > Women from different communities can have differing safety needs owing to issues such as isolation, language, immigration and racism.
- > Disabled children may witness more abuse if they are not able to leave the room.
- > People with insecure immigration status may fear contact with the police and have additional barriers that need to be assessed.

See section 2 for a more in-depth discussion of diversity issues.

6.4 Risk assessment for children

- > If a woman is abused, there is a significantly increased risk that child abuse may also occur.
- > Section 120 of the Adoption and Children Act 2002 came into force in 2005; this extends the legal definition of 'significant harm' to children to include harm suffered by seeing or hearing ill treatment of others, especially in the home.
- > Children often intervene and are not just passive bystanders.
- > If a woman's health is affected, it may affect her parenting.
- > Many other factors can also affect a child's welfare and development, and can influence the effects of the abuse.

- > Risk assessments must focus on the emotional and developmental needs of the child as well as their health and physical safety.

Domestic violence is often ignored as a risk factor to children.

Children assessed as experiencing 'significant harm' often present a range of symptoms, and domestic violence is a frequent background factor.

Remember!

- > Risk assessments do not always predict the worst outcomes.
- > Some risk factors can be found in many relationships and may not indicate domestic violence or the possibility of homicide.

- > The use of risk assessments must never be used as an alternative to talking and listening to women and children.
- > Low risk scores may change – escalation of abuse is common in domestic violence situations, especially following separation, pregnancy or disputes over child contact.
- > Risk assessments must be dynamic and constantly reviewed and updated.
- > Risk factors are associated with an increased likelihood of further harm; they are not causal or definitive.
- > These tools should never be used if they will place the victim at risk of further harm, i.e. they should not be sent to the victim's home.

A list of risk assessment tools can be found in appendix 5.

6.5 Safety planning

Safety planning is a practical process that practitioners can use with anyone affected by domestic abuse. It should be a core element of working in partnership with victims and other agencies, taking into account the outcomes of risk assessment and risk management.

Safety planning involves more than assessing potential future risk; it can help create psychological safety, space to recover and freedom from fear.

When a woman leaves a domestic violence situation she is often at her most vulnerable. Violence can escalate at and around the time of separation and there is an increased risk of

homicide. Abuse can continue for many years, even after a woman has left, or the abuse may change to another form such as harassment.⁹⁶ Child contact can also be a way for the abuse to continue (see section 6.6 for detailed information).

You can advise children and discuss safety issues with them, but remember that they may not have the power or resources to develop safety plans for themselves. Child protection requires adults to take responsibility for ensuring children's safety. However, many children of all ages can and do develop effective safety and coping strategies in difficult and dangerous situations. These strategies can be subtly specific to their circumstances and the people involved. As well as providing essential risk

assessment information, a child's responses to questions about what they do when there is violence or abuse should also be considered in safety planning.

Risk assessments can assist safety planning and should aim to:

- > help to understand a woman or child's fear and experiences;
- > encourage women and children to increase their own safety;
- > use and build on existing coping strategies;
- > provide a safe space to recover;
- > link to the assessment framework and provide a holistic approach to safety and well-being in order to inform child protection decisions;

⁹⁶ Walby, S. and Allen, J. (2004) *Domestic violence, sexual assault and stalking: Findings from the British Crime Survey (Home Office Research Study 276)*, Home Office

- > be part of a continuous process; and
- > be kept confidential from the perpetrator.

Safety plans must be tailored to the individual. A 'one size fits all' approach is ineffective and potentially dangerous.

6.5.1 Assessing children's safety

The following should be considered when assessing harm to children:

- > When was the most recent incident of violence or abuse? (Frequency and severity/ when and where?)
- > Were the children present?
- > How do they respond to incidents? Do they ever try to intervene?
- > How do the children describe what happens?
- > Is the abuse connected with any other factors that may undermine parenting capacity (such as alcohol or substance misuse or mental health issues)?
- > Is the non-abusing parent able to meet the child's needs effectively?
- > Are weapons involved in incidents of violence or abuse?
- > Is the child forced to participate in the abuse?
- > Have a pregnant woman and her unborn child been threatened or abused? and
- > Does the child have contact with an abusive parent? What are the arrangements?

From these questions you can prepare a personal safety plan. This should include:

- > helping the child to identify a safe place to go in the event of violence;
- > explaining how to contact emergency services and safe contacts;
- > ensuring that they know their own address and telephone number;
- > making sure that they know it is not their place to intervene;
- > role-play calling the police – teach the child the basic information to give (name, address and the fact that someone is hurting their mother) and to leave the phone off the hook; and

- > familiarising older children with the local services and community resources for dealing with domestic violence.

See appendix 3 for an example of a child's safety plan.

A safety plan should reflect the child's developmental understanding and should be written with the child to ensure that they have input and understand the plan.

6.5.2 Safety planning with adolescents

Teenagers may feel that they need to stay and intervene in the violence to protect their mother or siblings. Therefore, safety planning must stress the importance of accessing outside support and help. Begin by

finding out what they currently do in a violent situation and whether this is the safest way of dealing with the situation. Make sure that they are familiar with local support services and know how to call the police. Stress that they should not try to intervene, and that the best thing they can do to protect themselves and their family is to call for outside help.

Teenagers may also be experiencing violence in their own dating relationships, and this must also be addressed. This is covered in detail in section 8.

See appendix 4 for an example of a teenager's safety plan.

6.6 Child homicide

Risk assessment will never be infallible, and will not always be able to predict the worst outcomes. Indicators of lethality can be found in many relationships and do not always result in homicide.⁹⁷ Conversely, homicide can also occur in relationships where there are few or no indicators. A series of high-profile child abuse inquiries have increased awareness of the potential risks to children from trusted adults. Child death inquiries show that, in a significant proportion of cases, the mother was the victim of domestic violence.

If a child dies or is seriously injured and abuse or neglect is thought to be a factor, the LSCB is required to carry out a **serious**

⁹⁷ Kemshall, H. (2002) *Risk, Social Policy and Welfare*, Open University Press

case review (SCR) to find out what went wrong, learn lessons and improve inter-agency working. Procedures for carrying out SCRs are contained in *Working Together to Safeguard Children*.⁹⁸

*'In many cases, where children have been killed, the significance of violence to the mothers as an indicator of potential risk to children has often not been understood or acknowledged by childcare professionals.'*⁹⁹

'When a child dies and abuse or neglect are known or suspected to be a factor in the death, local agencies should consider immediately whether there are other children at risk of harm who need safeguarding... [and] whether there are any lessons

to be learnt about the ways in which they work together to safeguard children.'
(*Working Together to Safeguard Children*, paragraph 8.2)

- > 'On average, 1 to 2 children each week die as a result of abuse or neglect.'¹⁰⁰ Children are more likely to be murdered at home than in the street.
- > In 35 inquiries into child homicides, half were found to be the result of a physical attack by a man who was also abusing their mother.¹⁰¹
- > Women's Aid has compiled a report on 29 children in 13 families who were killed as a result of contact

⁹⁸ HM Government (2006) *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*

⁹⁹ Hester, M., Pearson, C. and Harwin, N. (2007) *Making an Impact: Children and Domestic Violence – A Reader*. 2nd edition, London: Jessica Kingsley Publishers

¹⁰⁰ Cawson, P. (2002) *Child maltreatment in the family: the experience of a national sample of young people*, London: NSPCC

¹⁰¹ Reder, P., Duncan, S. and Gray, M. (1993) *Beyond blame: child abuse tragedies revisited*, Routledge

- (or in one case residence) arrangements in England and Wales between 1994 and 2004. Ten of these children were killed during the last two years covered by the report. As the Government has not collected statistics on child contact homicides, the actual number could be higher. With regard to five of these families, contact was ordered by the court.¹⁰²
- > It is also important to consider children who are killed in the womb as a result of domestic violence. It is very difficult to estimate how many miscarriages are due to domestic violence, and women who suffer this form of abuse are unlikely to disclose the true reason for their miscarriage.
 - > The best indicator of future potential violence/murder/manslaughter is a past history of violence.
- Mortality statistics from the Office for National Statistics show that in London, in the years 2001–2002, there were 63 deaths from ‘assault’ of children aged 1–19; these represented 8% of all London childhood deaths, compared with a national proportion of 5%. These deaths from assault were deaths from homicide and from other specified events of undetermined intent with inquest verdicts pending.¹⁰³

¹⁰² Saunders, H. (2004) *Twenty-nine child homicides: Lessons still to be learnt on domestic violence and child protection*, Women’s Aid

¹⁰³ Greater London Authority (2004) *The State of London’s Children Report*, Greater London Authority. See www.london.gov.uk/mayor/children/docs/state_london_children_full.pdf

6.6.1 Introducing a statutory requirement for child death inquiries

New child death review procedures were set out in chapter 7 of *Working Together to Safeguard Children*. From 1 April 2008 each LSCB in England is required by law to carry out the following two interrelated functions relating to child deaths:

- > a rapid response by key professionals working together to enquire into and evaluate every unexpected child death; and
- > an overview of all child deaths undertaken by a panel of professionals working in the LSCB area.

Either of these processes can also trigger an SCR, which is carried out in circumstances where abuse and/or neglect

is known or suspected to be a factor in the death. (The duty to carry out an SCR has applied since April 2006.) The immediate priority is to consider whether there are other children who may be at risk of harm and require safeguarding (e.g. siblings or other children in an institution where abuse is alleged). Thereafter, SCRs consider whether there are any lessons to be learned about the ways in which organisations worked together to safeguard and promote the welfare of children.

6.6.2 Services for children with complex needs or at acute risk of death or serious harm

Such services should encompass:

- > multi-agency risk assessment and safety planning for both the children and the non-abusing parent, coordinated

through child protection and/or MAPPAs;

- > specialist domestic violence services (individual support including refuge-based support and advocacy, counselling, group work and activities for children); and
- > skilled responses within other specialist services, e.g. CAMHS and social services family support services.

6.7 Responding to concerns about domestic violence

'Where there is evidence of domestic violence, the implications for any children in the household should be considered, including the possibility that the children may themselves be subject to violence or other harm. Conversely, where it is believed that a child is being abused,

those involved with the child and family should be alert to the possibility of domestic violence within the family.' (Working Together to Safeguard Children, paragraph 6.38)

This section includes:

- > what to do if you think that a child is being abused;
- > information sharing;
- > dealing with disclosure; and
- > disclosure checklists.

6.7.1 What to do if you're worried a child is being abused

All those who come into contact with children and families in their everyday work, including practitioners who do not have a specific role in relation to safeguarding children, have a duty to safeguard and promote the welfare of children.

You are likely to be involved in three main ways:

- > you may have concerns about a child, and refer those concerns to children's social care or the police. School staff (both teaching and non-teaching) should be aware of the local procedures to be followed for reporting concerns about a particular child. This will normally be via the school's designated senior member of staff or their nominated deputy – or, if neither is available, another senior member of the school's staff. In emergencies, however, contact the police directly;
- > you may be approached by children's social care and asked to provide information about a child or family or to be involved in an assessment.

This may happen regardless of who made the referral to children's social care; and

- > you may be asked to provide help or a specific service to the child or a member of their family as part of an agreed plan, and to contribute to the reviewing of the child's progress.

6.7.2 Acting on your concerns

Whatever the nature of your work with children and families, if you have concerns you should take the following steps:

- > discuss your concerns with your manager, named or designated health professional or designated member of staff;
- > if you still have concerns after this discussion, and consider that the child and their parents would benefit from

further services, think about which agency – including another part of your own – you should make a referral to;

- > if you consider the child is or may be in need, refer the child and their family to children's social care. This includes a child who you believe is, or may be at risk of, suffering significant harm;
- > if your concerns are about a child who is already known to children's social care, the allocated social worker should be informed of your concerns. In addition to children's social care, the police and the NSPCC have powers to intervene in these circumstances;
- > in general, seek to discuss your concerns with the child (as appropriate to their age

and understanding) and with their parents, and seek their agreement to making a referral to children's social care unless you consider that such a discussion would place the child at an increased risk of significant harm; and

- > when you make your referral, agree with the recipient of the referral what the child and parents will be told, by whom and when.

If there is evidence of significant harm to the child, practitioners must consider what action is required to safeguard them.

For detailed information about what to do if you are worried a child is being abused, refer to *What to do if you're worried a child is being abused*.¹⁰⁴

¹⁰⁴ Department for Education and Skills (2006) *What to do if you're worried a child is being abused*

6.7.3 Information sharing

Information Sharing: Practitioners' Guide

(Department for Education and Skills, 2006) contains the following six key points on information sharing:

1. You should explain to children, young people and families at the outset, openly and honestly, what and how information will, or could, be shared and why, and seek their agreement. The exception to this is where to do so would put that child, young person or others at increased risk of significant harm or an adult at risk of serious harm, or if it would undermine the prevention, detection or prosecution of a serious crime, including where seeking consent might lead to interference with any potential investigation.
2. You must always consider the safety and welfare of a child or young person when making decisions on whether to share information about them. Where there is concern that the child may be suffering or is at risk of suffering significant harm, the child's safety and welfare must be the overriding consideration.
3. You should, where possible, respect the wishes of children, young people or families who do not consent to share confidential information. You may still share information if, in your judgement on the facts of the case, there is sufficient need in the public interest to override that lack of consent.
4. You should seek advice where you are in doubt, especially

where your doubt relates to a concern about possible significant harm to a child or serious harm to others.

5. You should ensure that the information you share is accurate and up to date, necessary for the purpose for which you are sharing it, shared only with those people who need to see it, and shared securely.
6. You should always record the reasons for your decision promptly – whether it is to share information or not.

Remember, always share information to protect the safety of a survivor and their child(ren). If it is not for this reason, do not share it. Information should not be shared for the sake of sharing information.

ContactPoint

ContactPoint, previously known by the working title of the 'information sharing index', is the new way to find out who else is working with the same child or young person, making it easier to deliver more coordinated support. This basic online directory will be available to authorised staff. It is a key part of the ECM programme to improve outcomes for children.

ContactPoint holds the following basic information for all children in England (up until their 18th birthday):¹⁰⁵

- > Name, address, gender, date of birth and a unique identifying number.
- > Name and contact details for a child's parent(s) or carer(s).
- > Contact details for services working with a child: as a minimum, educational setting (e.g. school) and GP practice.
- > Contact details of other service providers where appropriate, for example a health visitor or social worker; and whether a practitioner is a leading professional and if they have undertaken assessment under the Common Assessment Framework.

Those providing a sensitive service (defined as those in the fields of sexual health, mental health and substance abuse) will be required to seek informed, explicit consent from the child or young person (or their parent/carer where appropriate) before recording their contact details on ContactPoint. Where they are recorded, only an indication of an unspecified service would be visible.

¹⁰⁵ www.everychildmatters.gov.uk/deliveringservices/contactpoint/about/

ContactPoint does not and will never hold:

- > any assessment or case information;
- > details such as birth weight, exam results, medical records, or diet; or
- > subjective information about a child or their parent(s) or carer(s).

The information that can be held on ContactPoint is limited by law as provided by section 12 of the Children Act 2004 and the supporting Regulations.

How is this relevant to domestic violence cases?

In some situations it would be unsafe to have data on ContactPoint about a child who is fleeing domestic violence. In these cases records can be shielded. This can only be used in cases where children or their parents would be at increased risk of significant harm if their location was provided on the system.

Examples of when it might be appropriate to shield a record include cases where:

- > a child is placed for adoption and there is little or no contact with birth parent(s) or other family members;
- > a child and/or their parent/carer are fleeing abuse or domestic violence; and/or
- > a child and/or their parent/carer or family member are subject to police protection.

Practitioners who are ContactPoint users, and who have the access rights, can request a shield directly on the system. Practitioners

who are not ContactPoint users should contact their local authority to request that a child's record is shielded.

All local authorities have been working with relevant local organisations (for example adoption teams and domestic violence units) to identify records that should be shielded. Two qualified, vetted and trained people in every local authority have begun shielding records on ContactPoint. **You can get the names of the people responsible for shielding in your area from the ContactPoint team or from GLDVP.**

A record can have several shielding requests applied to it at any one time. Therefore, when a practitioner identifies a record which they believe should be shielded, it is essential that they register their own shielding request against it, even if it already has a shield applied. This will help local authorities to ensure that a record is only unshielded when there are no outstanding reasons for shielding.

Recommendations

- > Domestic violence services should ensure that all practitioners with concerns register a shielding request to ensure continuous shielding.
- > Children currently resident with or who have just left a refuge service should be shielded. All children in outreach services (who are not resident with the perpetrator) should be shielded.
- > All children whose non-abusive partner is the subject of a MARAC should be shielded.

It is up to practitioners to decide when the shield should be lifted. All shields are reviewed every six months. There is no clear guidance on how long shields should remain in place once a child has left a refuge, as safety is not always guaranteed. If in doubt, recommend that the shield remains.

ContactPoint users with child protection responsibilities, such as police officers or social workers, may be granted access rights that enable them to override the shield and gain access to the hidden information. Any attempt to override the shield will prompt a message reminding the user that this will trigger an immediate investigation.

The vision for the future is that, when a common assessment framework has been logged online in an eCAF system, it will automatically notify ContactPoint that a common assessment has been carried out, and will provide contact details for the practitioner who completed or updated it. There will be no access to the common assessment via ContactPoint. ContactPoint will display these contact details so that another practitioner looking up the child will discover immediately whether a common assessment has already been carried out and whom to contact about the child.

For more information, please see the guidance provided at www.everychildmatters.gov.uk/deliveringservices/contactpoint/.

6.7.4 Dealing with disclosure

Police and social services are trained to interview children. If a child discloses to you, it may be tempting to ask a lot of questions, but this is **not your role**. You will need to find out enough to determine whether a referral is necessary, but try to use open-ended questions. Should the case go to court, the court will need to ensure that words or suggestions have not been put in the child's mouth.

It is important for all professionals working with children to:

- > find safe and confidential ways of asking children what is really wrong when they see any of the symptoms of abuse;
- > recognise violence at home as one of the common reasons for problems in children's lives;
- > never promise complete confidentiality – explain your responsibilities but do promise to keep the child informed of what is happening;
- > emphasise that the violence is not their fault and explain that they are not the only children experiencing this;
- > give them a chance to talk;
- > use age/development-appropriate language;
- > believe what they say, and never trivialise their experiences;
- > know what help is available for them and their mothers;
- > be aware that they may be protective of the abusing and non-abusing parents;

- > be aware that they may be being threatened by the abusing parent;
- > be aware that they may be fearful of disclosure and the potential consequences;
- > make sure that they understand it is not their responsibility to protect their mother, while validating their concern and any action they may have taken to protect their mother; and
- > offer them support with any difficulties in school, or ensure that any work done with the child by other practitioners includes support in school.

If you are the first person a child has disclosed to, you are a very important person for that child. Many victims of abuse go on to say that the response of the first person they told was

instrumental in recovering from the abuse.

The following checklists are partly taken from *Tackling Domestic Violence – Greenwich Resource and Information Pack*, Section G: 'Further information on children'.

Checklist for disclosure by a pre-school child

- > Use short, simple sentences in the child's own terms.
- > Rephrase questions the child does not understand. Repeating a question may be interpreted by the child as meaning that they have given an incorrect answer, and they may change their answer.
- > Be careful in interpreting answers to very specific questions, and do not answer every question with a question.

- > Young children may not disclose intentionally, but disclosure may occur while describing their family life or through role-play and stories. You can continue talking about family life and add general questions such as 'What happens in your family when someone is angry?' Attempt to convey the information that the child is not alone, but that domestic violence is not acceptable.
- > Attempt to assess the child's safety needs. Don't be afraid to ask questions such as 'What did you see? What did you hear? What did you do?'
- > Acknowledge and explore the child's feelings such as fear, anger, confusion and sadness.
- > Be patient – young children may disclose over a longer period of time.

Checklist for disclosure by a school-age child

- > Maintain eye contact.
- > Help the child discuss their feelings. Many children have legitimate fears about what may happen next.
- > Let the child know exactly what you are prepared to do. Will you be available if they want to talk again? Who will you have to tell?
- > Be realistic and honest. Don't make promises that can't be kept.
- > Attempt to find out what the child does during the violence in order to assess their safety needs.
- > Give the child information as appropriate, e.g. the ChildLine number.

Also consider:

- > the child's developmental level;
- > the child's feelings – possible guilt, anxiety about 'telling a secret', shame, fear of consequences;
- > the child's feelings towards the perpetrator and the non-abusing parent; and
- > your own feelings about domestic violence.

Checklist for disclosure by an adolescent

- > Listen without judging, expressing shock or making critical comments.
- > Find a quiet, private place where you will not be interrupted.
- > Help the adolescent understand that they are not to blame for the abuse.

Let them know that this problem occurs in other homes and that they have the right to tell someone and seek help; let them know that no one has the right to assault or abuse another person.

- > Inform the adolescent that there are safe places to go with their mother; help them to develop a safety plan for themselves and their siblings, and to know how to access help.

Checklist for after the disclosure

- > Talk with someone you trust about your feelings – disclosures can bring up a lot of emotions for which you may need support.
- > Continue to be open to communication with the child – telling you is a huge first step.

- > Respect the confidentiality of the child unless a colleague needs to know.

6.8 Victim intuition

*'The daily experience of surviving in an abusive relationship means that victims are able to be aware of certain risk factors in a way that is not possible for practitioners.'*¹⁰⁶

However, victims may not make accurate risk predictions, for various reasons, such as:

- > they may become desensitised to abuse;¹⁰⁷
- > some may internalise verbal abusive comments and doubt their own judgement; and
- > women who choose to stay with the abuser may minimise

the abuse in their minds in order to cope.¹⁰⁸

Combining risk assessment tools with victim intuition significantly improves accurate prediction of future risk.¹⁰⁹

Advice, Support, Safety and Information Services Together (ASSIST)

This advocacy project in Glasgow supports domestic violence victims whose cases are heard in the specialist domestic abuse court.

The project uses a 30-indicator risk assessment tool, which includes a group of questions directly relating to the victim's intuition of her risk of future harm.

Some risk factors are more likely to be related to other risk factors, e.g. fear that the children will be harmed (which is related to 17 other risk factors).

¹⁰⁶ Robinson, A. (2007) *Risk assessment and the importance of victim intuition*, SAFE – The Domestic Abuse Quarterly, Issue 21, Spring 2007

¹⁰⁷ Campbell, J. (ed.) (1995) *Assessing dangerousness: Violence by sexual offenders, batterers, and child abusers*, Sage

¹⁰⁸ Dutton, M. and Dionne, D. (1991) *Counselling and shelter for battered women* in Steinman, M. (ed.), *Woman battering: Policy responses*, Anderson

¹⁰⁹ Weisz, A., Tolman, R. and Saunders, D. (2000) *Assessing the risk of severe domestic violence: The importance of survivors' predictions*, *Journal of Interpersonal Violence* 15(1):75–90

Important risk factors in domestic violence include:

- > partner has a criminal record;
- > partner is jealous/controlling;
- > recent/planned separation;
- > pregnancy;
- > conflict over child contact; and
- > victim is afraid.

All these factors increase the likelihood that other risk factors will be present. When victims are frightened for themselves and/or their children, they are more likely to be subjected to additional abuse.

Risk assessments need to take victims' intuition into account and should provide a safe and supportive way for women and children to disclose their fears. This will help to identify those at risk of further harm as well

as the nature of the risk and strategies to reduce it.

Mothers will often know how best to protect themselves and their children. Remember that empowering and protecting women is often the most efficient form of child protection.

6.9 Multi-Agency Risk Assessment Conferences (MARACs)

MARACs are a successful model for intervening in and risk managing high-risk domestic violence cases.

Key facts

- > MARACs are used to identify high-risk victims and their children.
- > They are a central component of the Home Office's National Domestic Violence Strategy (2006).

- > They were rolled out as part of the Specialist Domestic Violence Court Expansion Programme.
- > They are an effective process to facilitate, monitor and evaluate information sharing and to evidence the reduction of repeat victimisation in a multi-agency context; there is a direct link between the effectiveness of MARACs and a reduction in the incidence of murder in domestic violence cases.
- > They are a key intervention for meeting national Public Service Agreement priorities for reducing seriousness and dangerousness in high-risk crimes such as domestic violence.

The first evaluation of the MARACs, as well as other recent research, has identified five key ways in which the safety of women and children experiencing domestic violence may be increased:¹¹⁰

1. Increased and ongoing communication

When agencies agree to exchange information, not only does the response to individual cases improve, but the collective response is also made aware of actions taken so far; information sharing reduces fragmentation of knowledge.¹¹¹

Each agency can provide different and key information. Their differing perspectives enable the jigsaw of individual situations to be pieced together, providing a more accurate

¹¹⁰ Robinson, A. and Tregidga, J. (2005) *Domestic Violence MARACs (Multi-Agency Risk Assessment Conferences) for Very High-Risk Victims in Cardiff, Wales: Views from the Victims*, Cardiff University

¹¹¹ Shepard, M. and Pence, E. (1999) *Coordinating community responses to domestic violence: lessons from Duluth and beyond*, Sage

assessment of the risks faced by the women and children in question.

2. Conducting risk assessment

Risk assessment information, when passed to other agencies, can ensure upfront identification of needs and services to meet those needs. In addition, the provision of timely, relevant information regarding levels of risk can help to identify those victims in exceptionally dangerous situations who will need increased assistance from the police or other agencies.

3. Providing advocacy to victims

Women often turn to a number of external agencies to protect them from violence. Access to resources and social support serve as protective factors against continued abuse.

MARACs provide a venue for many agencies to both advocate and provide support for victims of domestic violence.

4. Translating policy into action

A combination of staff who have the power to change policy and those who have day-to-day experience of cases serves to maximise the impact that agencies can have.¹¹² Their attendance at the MARAC meetings reflects the necessary combination of management and front-line practitioners.

5. Holding perpetrators to account

Research findings show that a multi-agency approach to the prosecution of domestic violence cases appears to be effective. There is evidence to suggest that a **coordinated approach reduces**

¹¹² Ibid.

further incidents of violence.¹¹³

The very low rates of re-victimisation documented in the first evaluation of the MARACs supports this assertion.

6.9.1 The aims of MARACs

The role of the MARAC is to facilitate, monitor and evaluate effective information sharing so that appropriate actions can be taken to increase public safety. MARAC's aims are:

1. to share information in order to increase the safety, health and well-being of victims – adults and their children;
2. to determine whether the perpetrator poses a significant risk to any particular individual or to the general community, and to reduce this risk;
3. to construct jointly and implement a risk management

plan that provides professional support to all those at risk and that reduces the risk of harm by the perpetrator;

4. to reduce repeat victimisation within a multi-agency context;
5. to improve agency accountability and responses to domestic violence; and
6. to improve support for staff involved in high-risk domestic violence cases.

MARACs successfully meet the 'challenge' of improving the response to domestic violence by:

- > raising the profile of domestic violence;
- > increasing communication between agencies;
- > involving both criminal justice and other community agencies;

¹¹³ Ibid.

- > providing advocacy to victims; and
- > turning policy into action.

6.9.2 The benefits of a multi-agency response

- > The establishment and maintenance of multi-agency efforts that produce safe and effective outcomes for the victim and children.
- > Increased access to community services that provide immediate and future support for the victim.
- > More effective management of the abuser by the criminal justice system.
- > Improved policy and practice through the development of a domestic violence strategy that can be implemented consistently across a whole local area.¹¹⁴

Enhanced awareness of violence against women and children.

Multi-agency work is a highly effective way for a single integrated risk assessment and risk management plan to be implemented by all relevant agencies.

The first evaluation of MARACs highlighted the need for agencies to pay attention to the victim's own perceptions of risk. Victim intuition is discussed separately in section 6.8.

6.9.3 The MARAC process

MARACs should be held fortnightly, with a maximum of 25 cases being discussed.

Who should attend?

Core attendees:

¹¹⁴ Hague, G. (1998) *Interagency work and domestic violence in the UK*. Women's Studies International Forum 21(4):441–449

- > Police (officer to report on cases and other public protection officers as necessary)
- > Social services
- > IDVAs and women's refuge services
- > Children's services
- > Victim support services
- > Health representatives (GPs, midwives, health visitors, child protection nurses, hospital staff as appropriate)
- > Housing services
- > Probation services
- > Education services.
- > Mental health services
- > Homelessness team
- > Local drug and alcohol services
- > CAFCASS
- > Court-based user groups (chair or representative, not necessarily judicial)
- > The National Association of Child Contact Centres local centre representative
- > Children's support organisations.

Additional attendees (as individual cases dictate):

- > Community-based and voluntary perpetrator programmes

The victim, the perpetrator and the Crown Prosecution Service do not usually attend. The victim should be informed that their case will be discussed unless this will jeopardise their safety.

Information sharing

On average, the MARAC will spend about 8–10 minutes on each case.

This means that only information that is directly relevant to the immediate safety of the victim should be shared. This should include:

1. basic demographic information, including any information on children;
2. information on key risk factors; and
3. any relevant history of domestic violence or other associated behaviour (child abuse) by the perpetrator.

Criteria for referral

The agency chairing the MARAC will take referrals. The criteria will be based on the definition of a high-risk or very high-risk case as stated in the risk assessment checklist used with the victim.

Actions

If victims and children are considered to be at high risk of being severely harmed or killed, agencies must agree to deliver the actions assigned to them at the MARAC on the day of the meeting or as soon as possible afterwards.

Cases reviewed at MARAC level should already have been offered police watch and have an occurrence marker placed on police files.

Links to Multi-Agency Public Protection Arrangements (MAPPAs)

MAPPA is another inter-agency meeting to manage the risks posed by certain perpetrators. It deals with the 'critical few' – offenders who need the

highest level of multi-agency intervention – and is usually held following a MARAC referral.

MARACs run in parallel to level 2 MAPPAs. Some of the perpetrators will be common to both, and all high-risk cases will be dealt with in a public protection framework.

MARAC/MAPPA/LSCB risk assessment procedures should work together to minimise duplication and avoid vulnerable people slipping through the net.

As well as sharing the key aims of MARACs, MAPPAs also:

- > consider or review the need to register the perpetrator as a potentially dangerous offender; and
- > consider any issue relating to disclosure in the public domain.

MAPPA coordinators should maintain awareness of related strategies around public protection and offender management, and should work with children and families by developing stronger links with child protection and domestic violence agencies.

6.10 Child contact

It is important to remember that, while a perpetrator may be convicted of a crime in relation to domestic violence in a criminal court, the civil courts may still allow them to have contact with their child(ren). The non-abusive parent will be expected to cooperate with a contact order; if they do not, they will be breaching the order, which can have serious consequences.

Under the non-adversarial ethos of the Children Act 2004, parents who have separated are encouraged to sort out their own child contact arrangements. In cases of domestic violence, however, it is not always possible or indeed safe to do so.

Policies about contact with children can undermine and even ignore the mother. There is a general expectation that women should leave an abusive relationship in order to protect their children. This is problematic in several ways:

1. It places undue responsibility on mothers for their partner's violence.
2. It ignores the fact that separation can be the most dangerous time for a woman and her child(ren). Child contact is a key risk factor for post-separation violence.
3. After separation there is a tendency for a man to be seen primarily as a father rather than an abuser.
4. A man may be convicted in a criminal court but civil courts may grant the same man parental responsibility and contact with the children, with which the mother is expected to cooperate.
5. Contact may be used as an opportunity to further abuse and control.
6. Children and their mothers have been murdered during contact visits.

Abused women and children are encouraged to move to a place of safety such as a refuge, but the safety this provides can be compromised by child contact arrangements. Domestic violence is a common factor in

contested child contact cases. In at least 35% of contested contact cases, there are concerns about the safety of the child.¹¹⁵

CAFCASS states that domestic violence is a factor in 90% of the cases it is involved with.¹¹⁶ However, 99% of all contact cases are granted, and there has been a general increase in the number of contact orders being granted since 1999.

CAFCASS has produced a range of leaflets and worksheets for children, which can be found at: www.cafcass.gov.uk/publications/leaflets_for_children.aspx.

A Women's Aid survey of refuge services found that, in reported cases since April 2001, a total of 18 children were ordered to have contact with parents who had committed offences against

children, and 64 children were ordered to have contact with parents whose behaviour had previously caused children to be placed on the Child Protection Register. Twenty-one of these children were ordered to have unsupervised contact with the abusive parent.¹¹⁷

'...sometimes, because my dad like threatened to kill her... when I'd go over there and see him, he would be, like, you've got to let me in the refuge...'
(13-year-old girl)

Children may have mixed feelings about seeing their father, involving fear and hatred as well as guilt and love. This can sometimes be misplaced onto the mother as the children may see her as forcing them to see him.

¹¹⁵ Department for Education and Skills (2005) *Parental Separation: Children's Needs and Parents' Responsibilities – Next Steps*, TSO

¹¹⁶ HM Inspectorate of Court Administration (2005) *Domestic Violence, Safety and Family Proceedings*

¹¹⁷ Saunders, H. and Barron, J. (2004) *Failure to Protect? Domestic violence and the experiences of abused women and children in the family courts*, Women's Aid

'Daddy used to hurt Mummy and shout, now he only shouts at her on the phone, just before I have to go and see him.'
(Child living in a refuge)

In 1999 a survey¹¹⁸ of 130 abused parents found that 76% of the 148 children ordered by the courts to have contact with their estranged parent were said to have been abused in the following ways during visits:

- > 10% were sexually abused
- > 15% were physically assaulted
- > 26% were abducted or involved in an abduction attempt
- > 36% were neglected during contact
- > 62% suffered emotional harm.

Most of these children were under the age of 5.

'I don't want to see Daddy because he asked too many questions about Mummy and sometimes I know the answer and sometimes I don't, so I just keep quiet.'
(Child living in a refuge)

6.10.1 The New Practice Direction 2008

The New Practice Direction (NPD) on handling domestic violence allegations in contact and residence proceedings was recently issued. There were also changes in the law regarding 'contact activities', which came into force in November 2008.

The NPD applies to:

- > all cases where any question arises about residence or contact between a child and a parent or other family member; and

¹¹⁸Radford, L., Sayer, S. and AMICA (1999) *Unreasonable fears? Child contact in the context of domestic violence: A survey of mothers' perceptions of harm*, Women's Aid

- > all cases where it is alleged or where **there is reason to suppose** that a child or a party has experienced domestic violence or there is a risk of domestic violence.

The NPD sets out general principles which should underpin how such cases are handled.

The court must:

- > identify at the earliest opportunity the factual and welfare issues involved;
- > consider the nature of any allegation or admission of domestic violence and the extent to which any domestic violence which is admitted, or which may be proved, would be relevant in deciding whether to make an order about residence or contact and, if so, in what terms; and

- > give directions to enable the relevant factual and welfare issues to be determined expeditiously and fairly.

This NPD was reissued in January 2009 to clarify that a fact-finding hearing is part of the process of trying a case and is not a separate exercise. If a case is adjourned for further hearing following a fact find, it remains part heard. This applies to both private and public law cases.

For more details on the NPD, please contact:

Rights of Women (a free confidential legal advice service)
Advice line: 020 7251 6577
(open Tuesday–Thursday 2–4pm and 7–9pm, and Friday 12–2pm) Email: info@row.org.uk

You may also contact the Family Justice Council: 020 7947 7333
Email: FJC@courtservice.gsi.gov.uk

6.10.2 Faith and child contact

It is important when working on child contact and domestic violence cases to recognise that faith may be an issue presenting barriers or gateways to improving the safety and welfare of children and survivors.

There may be sensitive issues to consider around children, domestic violence and faith. However, when working with children, the focus should always remain on their safety (and that of the parent who is the survivor of domestic violence).

Any incident, practice, etc. that causes significant harm to children should be the subject of child protection procedures, irrespective of whether faith is part of the context.

Good practice examples

The Churches' Child Protection Advisory Service (CCPAS) is a Christian-based charity providing training, resources, advice and support on child protection and good working practice to churches across the denominational spectrum, as well as to other faith groups and secular organisations. CCPAS runs a 24-hour helpline (0845 120 4550) for churches, other places of worship and faith-based groups and individuals, providing advice and support on safeguarding issues. For further information, visit www.ccpas.co.uk.

Working with Muslim fathers: a guide for practitioners sets out useful approaches for working with Muslim dads, in an easy-to-read, well illustrated format. This guide was developed by Fathers Direct in partnership with the An-Nisa Society, which was established in 1985 by a group of young Muslim women in response to the needs of Muslim women and their families.

You can buy this publication from Fathers Direct for £4.95 by emailing mail@fathersdirect.com, calling 0845 634 1328 or visiting www.fatherhoodinstitute.org.

When thinking about child contact centres, there are two main types of child contact.¹¹⁹

> **Supported child contact** is aimed at families where no significant risk to the child or those around the child has been identified. This type of contact takes place in a variety of community venues, including places of worship and faith centres. The centre staff/volunteers do not observe, monitor or evaluate the child contact sessions.

> **Supervised child contact** is used if it has been determined that a child has suffered or is at risk of suffering harm during contact. Supervised contact is aimed at ensuring the physical safety and emotional well-being of a child. Staff/volunteers closely

observe and record all contact sessions and intervene where necessary. Supervised contact is provided by a variety of agencies, including local authorities, voluntary organisations and places of worship or faith organisations.

NOTE: Where domestic violence has occurred, the courts may order supervised contact; however, for a variety of reasons this is not always the case. There are also a limited number of supervised contact centres in the UK.

As a basic minimum, child contact centres (including faith-based providers) should be accredited by the National Association of Child Contact Centres (see www.naccc.org.uk or telephone 0845 4500 280).

¹¹⁹ National Association of Child Contact Centres, *Definitions of the Levels of Contact*, available to download from www.naccc.org.uk/cms2/dmdocuments/Definitions%20of%20contact.pdf

Example of a supervised contact centre: Stephen's Place Children's Centre

Stephen's Place is a purpose-built, child-friendly centre which does a range of work – including supervised contact, assessed contact and direct therapeutic intervention – with children who have been exposed to violence.

For more information, telephone 020 8741 8020 or email childservices@dvip.org.

Dads' Space

Dads' Space is a new and innovative online resource to enable and support fathers' relationships with their children, particularly when they live apart. Dads' Space is designed to be both safe and engaging for children and fathers.

Dads Space 1-2-1 is a virtual supervised contact centre. Following a detailed assessment, parents are offered one of three types of contact:

- > indirect – allows parents and children to play games and exchange preset information;
- > supervised – allows a broader exchange of information, but all communication is monitored before being sent; and
- > supported – free real-time communication, which is sampled and post moderated.

Dads' Space is a partnership project between Respect and Attic Media and is funded by DCSF.

For more details, call 020 7022 1854, or email moderator@dads-space.org

6.11 Perpetrators as fathers – working with fathers who are maltreating or at risk of maltreating their children

Abusive fathers have been overlooked because of a systematic bias that places parenting responsibility on mothers. Connections between the same man being abusive and a father are rarely made.¹²⁰ Mothers are thought to be more amenable to change and less hostile to work with. However, fathers are responsible for the majority of child maltreatment.

*'Most times he just ignores the kids, but if he had a bad day, he explodes at them for no reason.'*¹²¹

6.11.1 Ways that an abusive man may parent

In his parenting, an abusive man may:

- > use power-assertive punishment (verbal and physical force);
- > lack empathy;
- > see discipline as a quick fix and not a thoughtful and age-appropriate reasoning process;
- > swing between authoritarian and neglectful parenting;
- > regard daily care of children as a woman's responsibility;
- > rarely use praise (so that it is highly valued by the children);
- > undermine the mother in front of the children;
- > be enraged by normal behaviour, such as a baby's crying;
- > expect children to meet his needs;

¹²⁰ Hester, M., Pearson, C. and Harwin, N. (2000) *Making an Impact: Children and Domestic Violence – A Reader*, Jessica Kingsley Publishers

¹²¹ Baker, L. and Cunningham, A. (2004) *Helping Children Thrive. Supporting women abuse survivors as mothers: A resource to support parenting*, Ontario

- > be manipulative; and
- > maintain a contrast between his public and private behaviours (i.e. he may appear to be the 'perfect' father during a professional evaluation).

6.11.2 'Good enough' parenting

Regardless of their previous behaviour, fathers are often seen to be able to offer some benefit to their children, and therefore contact should be encouraged. Contact is described as a right of the child, but it often seems more to be about the rights of the father and an obligation for the child.¹²² If a child wants to see their father but the father does not want contact, there is no legal sanction to enforce this, thus implying that fatherhood is voluntary and again undermining children's rights.

While it seems that the role of 'the good enough father' is relatively easy to fulfil, the role of 'the good enough mother' is much more difficult. Social attitudes often hold mothers more open to criticism and blame, and they are frequently apportioned unequal responsibility for protecting their children.

It is important to promote safe and ongoing contact between children and their parents. However, the children's wishes *must* be taken into account and any contact with a parent who has been abusive must be done safely within a supervised contact centre. Contact should not take place at *any* cost.

6.11.3 Potential value of working with abusive fathers

- > providing intervention can increase parental accountability;

¹²² Eriksson, M. and Hester, M. (2001) *Violent men as good enough fathers? A look at England and Sweden*, *Violence Against Women* 7(7):779–798

- > a father may leave his family but could become involved with other children in the future;
- > fathers are often still involved with their children on different levels; and
- > intervention is in the best interests of the child.

Interventions should address:¹²³

- > men's perceptions of themselves as fathers;
- > how the violence affects the father–child relationship;
- > how the violence affects the mother–child relationship;
- > how the child is generally affected by the violence; and
- > the child's basic developmental needs and how they are violated by the violence.

Respect is the UK membership association for domestic violence perpetrator programmes and associated support services. Its focus is on increasing the safety of those experiencing domestic violence by promoting effective interventions with perpetrators.

Respect sets principles and minimum standards for perpetrator programmes, and these are currently being developed into an accreditation system.

The standard relating to children states:

The needs of children affected by domestic violence are considered at all levels of the organisation. The child's safety is paramount and will take precedence over the safety of others.

¹²³ Rakil, M. (2006) *Are Men Who Use Violence Against Their Partners and Children Good Enough Fathers? The Need for an Integrated Child Perspective in Treatment Work with Men*, in Humphries, C. and Stanley, N. (eds.) *Domestic Violence and Child Protection: Directions for Good Practice*, Jessica Kingsley Publishers

Respect states that staff should work with the assumption that between 40% and 70% of men who assault their wives or partners are also directly physically or sexually violent towards their children, or abuse or threaten the children to increase their control over the mother.¹²⁴ Services should also address issues relating to the effects of domestic violence, child contact and child-centred parenting.

For more details, visit www.respect.uk.net.

Caring Dads

An example of good practice in this area is the Caring Dads Project in Canada.

Caring Dads is an intervention programme designed for men who have abused or neglected

their children or exposed them to abuse of their mothers. This 17-session group programme draws from best practice in the fields of perpetrator intervention, parenting, behaviour change, child maltreatment and working with resistant clients. The programme can be located on a continuum of service that recognises the importance of providing targeted, specialised services for abusive fathers.

The Caring Dads programme focuses on helping men recognise attitudes, beliefs, and behaviours that support healthy and unhealthy father–child relationships, develop skills for interacting with children in healthy ways, and appreciate the impact on children of controlling,

¹²⁴ Edleson, J. (1999) *Children's witnessing of adult domestic violence*, *Journal of Interpersonal Violence* 14:839

intimidating, abusive and neglectful actions – including forcing them to witness domestic violence.

For more details, visit www.caringdadsprogram.com/aboutus.html

6.12 Cycle of abuse theory

In 2007, the World Health Organisation (WHO) produced a document detailing the key facts and research about the cycle of abuse theory. For details about this, please visit www.euro.who.int/violenceinjury/publications/20050218_1.

The theory suggests that a childhood history of direct or indirect abuse predisposes the child to use violence in later years. It also suggests that victims of childhood abuse will

go on to be victims in adult relationships.

The cycle of abuse theory has been criticised for being an overly simplistic view, which attempts to reduce complex social realities to simplistic behavioural and individualistic models.¹²⁵

Some empirical research shows a small correlation between childhood abuse and the potential for the child to become a future victim or perpetrator, but these findings are in the minority and there is no evidence that this is a causal relationship.

Refuting the theory

- > Growing up with domestic violence is not the only factor that influences children; there is known to be a complex interaction

¹²⁵ Kelly, L. (1996) *Weasel Words: Paedophiles and the Cycle of Abuse*. Published in Trouble and Strife. Norfolk

between risk, protective and mediating factors. There is also increasing evidence of the importance of resilience as a key determinant in an individual's development.

- > There are many non-violent and non-abusive men and women who have witnessed and/or experienced violence by their fathers when they were children.
- > Becoming a perpetrator of abuse is a choice. Perpetrators do not hit their colleagues at work; they make decisions about when to use violence.
- > Growing up in a family where there is domestic violence may make someone additionally vulnerable, but that does not prove there is a link.
- > Research is currently available only on identified perpetrators

who have been convicted or who are on perpetrator programmes. As this is a vastly under-reported crime, the majority of perpetrators are not known about. Therefore the childhood experiences of the majority of perpetrators are also unknown.

Children exposed to simulated scenes of violence and other destructive forms of conflict have been shown to be more likely to endorse the use of intervention strategies or avoidance behaviour, rather than copying their parents' violent behaviour.¹²⁶

Why the cycle of abuse theory does not help

- > It places negative expectations and judgements on children who have experienced

¹²⁶ Davies, P. et al (2002) *Child Emotional Security and Interpersonal Conflict*, Monographs of the Society for Research in Child Development, No. 270, 67(3)

domestic violence, when what they need is support.

- > It does not recognise that many children actively support their mothers during the violence.
- > Children who witness domestic violence do not become carbon copies of their fathers; there are many people who influence children.
- > It does not acknowledge that people have a choice about whether to use violence or abuse.
- > It undermines support services for children, as the aim becomes preventing them from 'repeating the cycle' rather than enabling them to cope with having been victimised.¹²⁷
- > It allows abusers to excuse inexcusable behaviour.

Mother blame

There are two ways in which mothers who have been abused are implicated by the cycle of abuse theory:

1. Experiences of abuse are presumed to make women less able to protect their children.
2. Women who have been abused are considered more likely to choose an abuser as a partner.

These propositions are frequently used in tandem, but they are different arguments. Mothers who have been abused themselves are more likely to report the abuse of their children; this link is precisely the opposite of that which the 'cycle of abuse' presumes.¹²⁸

¹²⁷ Kelly, L. (1996) *Weasel Words: Paedophiles and the Cycle of Abuse*. Published in Trouble and Strife. Norfolk

¹²⁸ Dempster, H. (1989) *The reactions and responses of women to the sexual abuse of their children: a feminist view and analysis* (MSc dissertation), University of Stirling

Section 7: Domestic violence, bullying and schools

7.0 Prevention work

Preventing domestic violence can take several different forms. For example, it can include:

- > primary prevention (e.g. intervening early to stop further abuse);
- > secondary prevention (e.g. helping victims to overcome the negative effects of abuse); and/or
- > tertiary prevention (e.g. educating all children and young people about the issue so that they have the necessary knowledge to identify such behaviour later in life, and equipping them with the skills to have relationships based on respect and a mutual commitment to non-violence).

Schools will primarily be involved in tertiary prevention, although

teachers will often be in a position to identify children and young people in need of primary or secondary interventions. In such cases, schools will need to be aware of other domestic violence services in their area that can provide specialist support.

It is important to understand that schools are not expected to address domestic violence in isolation. Domestic violence work is most effective when undertaken within a multi-agency context. This allows each agency to focus on its primary role yet have the support of other service providers if a need arises that falls outside its remit.

Most local authority areas now have a domestic violence forum (usually part of the local crime and disorder reduction partnership) which coordinates

local activity. This will be a useful source of information and materials.

7.1 Why should schools address domestic violence?

Schools have an important role to play in addressing domestic violence for a number of reasons:

- > The skills and knowledge gained in work to prevent domestic violence also informs pupils' behaviour within and outside school. In particular, it can be an effective way of reducing the incidence of bullying.
- > Schools are legally obliged to promote pupils' 'moral, spiritual and social development'. Helping pupils to take responsibility for their own actions is a critical part of this legal obligation, and also prepares them for dealing with the actions of others. As such, work on domestic violence can be integrated into a range of other issues that schools currently address, such as bullying, forced marriages, emotional literacy, healthy schools and teenage pregnancy.
- > Schools also have a legal duty, under the National Curriculum requirements for Citizenship and the non-statutory framework for Personal, Social and Health Education (PSHE), to help pupils learn social skills and acquire information that will assist them in becoming active, responsible adults.
- > School should be a safe place where positive relationships based on respect can be modelled.

- > School is a universal experience, and education staff are thus ideally placed to reach all children and young people.
- > Adult abusers come from both violent and non-violent backgrounds. Interventions solely with children who have experienced domestic violence is insufficient to prevent future abuse; a more general approach is required.

Including domestic violence within the school curriculum is not additional work. Rather, its inclusion will aid schools in meeting their obligations as well as benefiting their pupils and the wider community.

7.2 Different ways in which domestic violence can be integrated into schools

These include:

- > holding specific separate sessions or activities;
- > using domestic violence, violence against women or violence in general as a topic for work in specific parts of the curriculum or across the whole curriculum;
- > integrating work done in specific sessions into other aspects of school life, e.g. by using work done by children and young people on rights, roles and responsibilities into the development of behaviour or anti-bullying policies;
- > making domestic violence, violence against women or violence in general a

theme for whole-school activity over a period of time. This approach has the additional advantage of relieving the burden on the PSHE curriculum and staff. Domestic violence can be a topic in many other subjects such as English literature, history, geography, drama and art;

- > bringing in individuals or groups from outside school to provide specific activities or information;
- > focusing sessions on topics related to violence and conflict such as fairness, anger, relationships, expectations etc.; and
- > identifying domestic violence issues with the SEAL curriculum (Social and Emotional Aspects of Learning).

Outcomes

While domestic violence work can be linked to other issues such as bullying, it is important that the key messages about domestic violence are not diluted. Therefore, outcomes that should be kept in mind are:

- > increased understanding of the nature and effects of domestic violence;
- > knowledge of the legal status of domestic violence;
- > knowledge of the range of responses available;
- > ability to identify controlling behaviour and understanding of how this links to domestic violence and abuse; and
- > ability to identify certain forms of behaviour as abusive and to identify these as criminal acts where appropriate.

Domestic violence education in school**The Learning to Respect Domestic Violence Education Programme**

The Learning to Respect Programme is a domestic violence education initiative for Hounslow schools. It was based on the Westminster Schools Domestic Violence Prevention Pack and still uses this resource, as well as many others, as a focus for work in the classroom. The programme has been delivered in infant and nursery, junior, primary and secondary schools.

The programme provides domestic violence training for school staff, and then teachers devise and deliver a scheme of work in the classroom. Support is given to schools in the development of their individual programme of work.

The training team consists of representatives from a number of statutory and voluntary agencies in the borough, and trainers with an education background are teamed up with co-facilitators from other agencies to work together in schools.

Schools are also provided with a domestic violence advice pack and directory of services as well as leaflets, cards and posters to ensure support for parents and teachers who disclose. Pupils have written their own leaflet on domestic violence and forced marriage, and this is distributed to all participating secondary schools and older pupils in primary schools.

For the last two years, schools have come together for a pupil showcase of performance, written and art work arising from the programme.

In the three years that the programme has been in existence, over 40 schools, 1,000 staff and 7,000 pupils have participated.

Please contact

Pattie Friend for more details: Pattie.Friend@hounslow.gov.uk.

7.3 Other ways in which schools can respond

There are other actions that schools can take to address the needs of those experiencing domestic violence:

Offer practical and emotional support to children and young people living with or leaving domestic violence

Practical support could include assistance with the cost of uniforms or not insisting that they be worn from the first day of attendance; helping new pupils to understand any changes of syllabus for particular subjects; making sure that the child doesn't feel isolated or left out if they start school part-way through a term; allocating places in homework clubs if they have nowhere safe or practical to do homework, either because of the

abuse or because they are living in temporary accommodation; and discreet assistance with the cost of trips, extra-curricular activities and so on.

Undertake child protection work

The designated member of staff will be responsible for making any referrals to outside agencies, but child protection involves more than referral. Staff should be trained on the links between domestic violence and child abuse, and on the range of ways in which domestic violence can affect children and young people, so that they can make appropriate referrals or know what else to do to help. Training can also help staff to respond better to pupils who may be affected by domestic violence, which in turn may reduce the number of unnecessary referrals; teachers are often able to give

a helpful response without requiring much time or outside assistance, provided they know what to do. The school child protection policy may also need revising to take domestic violence into account.

Provide informal support to individuals

Support staff as well as teachers have a key role, as they are well placed to give such support as well as often being the adults that children and young people turn to for this help. Support staff will benefit from domestic violence training specifically designed for their role.

Facilitate peer support

Children and young people frequently say that they want to talk to their friends when they have problems. Children and young people can and do help

each other, and can be helped to do this well and more safely. Training for children and young people (or selected groups of children and young people) on peer support skills, including safety planning and when to tell an adult what is happening, can equip them to do this effectively. Some schools have a quiet space at play times where there are two peer support counsellors to talk to if needed, with books and games as well. This support can be delivered in conjunction with other work, e.g. on bullying, drug abuse or other problems.

National Youth Theatre – peer education

The use of peer educators has been widely valued in other settings; it is a valuable resource for helping young people to develop their own ways of understanding complex and sometimes difficult subjects such as health education or, in this case, domestic violence and safety in young people's relationships.

The National Youth Theatre (NYT) and Domestic Violence Responses (DVR) have been exploring the use of young actors in domestic violence prevention work in schools, by training groups of NYT members in domestic violence awareness and developing drama activities for use with children and young people.

This project combines the experience of NYT in peer education work with young people, the skills, experience and contacts of DVR in domestic violence prevention work and the knowledge, backing and contacts of the Greater London Domestic Violence Project (GLDVP) in domestic violence work across London, with the aim of supporting the development, provision and use of peer educators in domestic violence prevention work in schools across London.

A pilot project in 2007 found that:

- > peer educators were involved in both performing live drama for discussion and facilitating the use of drama activities with young people for developing their understanding;
- > young people valued hearing from people their own age;
- > young people particularly enjoyed the use of drama; and
- > peer educators disseminated information to other people outside the project and used it in their own lives.

An evaluation report about the project¹²⁹ is available at www.gldvp.org.uk/C2B/document_tree/ViewADocument.asp?ID=185&CatID=135.

Provide information for survivors of domestic violence

Unlike many statutory agencies, schools are seen as non-stigmatising places to go. School noticeboards or waiting rooms are ideal places for distributing leaflets or putting up posters about domestic violence and sources of help. They can be discreetly read, particularly if there are other notices or leaflets around. They also provide a clear message to abusers that violence is not tolerated in the school.

Provide child protection information and guidance

The needs of the child can be overlooked if the primary target of the abuse is an adult. However, it is not uncommon for a perpetrator to mistreat the child as part of the abuse against the mother. A study looking

at child protection practice¹³⁰ found that, in three out of five cases where a child was being neglected or abused, the mother was also experiencing domestic violence.

The safety of the child is paramount in any domestic violence situation where children are involved. It should be remembered that children and young people are not only affected by domestic violence against a parent, but also as they begin to develop their own intimate relationships, they may perpetrate or become victims of domestic violence themselves. A supportive pastoral care system, a consistently implemented behaviour policy and a comprehensive PSHE and Citizenship programme will equip schools to deal with issues that relate to domestic violence.

¹³⁰ Farmer, E. and Owen, M. (1995) *Child Protection Practice: Private Risks and Public Remedies*, HMSO

7.4 Monitoring and evaluation

It is useful to understand how children have benefited from this work. This can be done by monitoring children's attitudes towards violence before and after the intervention, via fun activities such as quizzes and games. Additionally, classes can be observed, and teachers and assistants can fill in short evaluation sheets.

Monitoring

Monitoring should measure:

- > how many children/ young people took part, disaggregated by gender, age, ethnicity and disability where possible;
- > how many teachers were involved;
- > how many sessions took place and how long each session lasted; and

- > what the sessions covered.

Evaluation of immediate gains from programmes/sessions

This evaluation should measure what the children learned from each individual session or from the programme overall, particularly in terms of:

- > understanding what is meant by domestic violence;
- > knowledge of the basic legal framework;
- > knowledge of the warning signs of a potentially abusive relationship;
- > knowledge of how to help a friend or family member;
- > knowledge of where to go for help; and
- > attitudes towards gender-based roles and rights, particularly in intimate relationships.

Ideally this stage of evaluation should compare knowledge and understanding before and after the programme of activities.

This can be done by, for example, using the same worksheet of questions at the start of the programme and at the end, or using a verbal form of this. An example of such a worksheet is included in the Spiralling toolkit (see page 180).

Evaluation of longer-term outcomes

This evaluation is aimed at identifying and analysing in more detail the longer-term effects of participating in prevention programmes. It can be carried out by, for example, interviewing or distributing questionnaires (including online questionnaires – useful sites include Survey Monkey or Zoomerang) to young

people who have taken part in prevention work. These interviews or questionnaires should:

- > ask them to describe any action they have taken as a result of participating in the sessions;
- > ask them more detailed questions about their attitudes towards gender roles and rights in relationships;
- > revisit the knowledge questions to find out which elements of knowledge stick; and
- > explore what they consider to be a safe and an unsafe relationship and how they would go about helping someone in an unsafe relationship, including helping themselves – this could be done using scenarios.

Guidelines for schools on why and how to undertake prevention work can be found in appendix 6. They also set out what a good prevention work programme should include, and other things that schools need to consider in order to safeguard children affected by domestic violence.

Good practice example Home Safe – Domestic Violence Prevention Education for Schools

Run by CEA@Islington, London Borough of Islington's education partner, this project provides whole-school training on domestic violence awareness and child protection to primary and secondary schools, as well as working with schools to introduce domestic violence prevention activities into the curriculum through PSHE and Citizenship. In 2006 the project received an award of

distinction for its contribution to the London Domestic Violence Strategy, in the Children & Young People's section.

For more information, contact Heather Vacciana, Home Safe Project Officer – email heather.vacciana.cea@islington.gov.uk or call 020 7527 5718.

7.4.1 Resources

A range of resources and tools have been developed to help schools to discuss domestic violence and healthy relationships with children and young people.

Spiralling toolkit and film

This toolkit contains a specially created film featuring domestic abuse in a teenage relationship, for use with children of secondary school age and older. Specific sections of the film link to specific activities in the toolkit.

There are also specific activities for children and young people of all ages, from 4 upwards. Activities for younger children focus on positive attitudes and skills for safe friendships; those for young people build on these, with more specific knowledge about domestic abuse and safer relationships.

The toolkit can be used in school, youth work, youth offending, education welfare, refuge activities, behavioural support and other settings with children and young people.

It can be downloaded for free from <http://tiny.cc/FWGLP>.

Women's Aid – Expect Respect

This is a new education toolkit consisting of a series of easy-to-use lesson plans for children from reception age to Year 13. It can be downloaded for free

from www.womensaid.org.uk under 'Free resources'.

WOMANKIND Worldwide UK Schools Programme – Challenging Violence, Changing Lives

This education programme has produced a series of materials for young people to help them challenge violence against women. For further information, see www.womankind.org.uk/uk-schools.html.

Zero Tolerance – Respect Education

This project challenges the notion that violence and abuse are inevitable and offers positive choices about how to develop healthy relationships. It has developed a series of materials for primary schools and secondary schools/youth projects. For further information,

see www.zerotolerance.org.uk/campaigns/camp.php?pg=59.

Cheshire Local Education Authority – Heartstrings and Can You Keep a Secret?

These PSHE packs for primary and secondary schools challenge domestic abuse and build healthy relationships. Further information can be obtained from Cheshire Local Education Authority on 01606 814300.

Leeds Inter-Agency Project (LIAP) – Break the Silence: Stop the Violence

This project, part of Leeds Community Safety Partnership, has produced two teacher resource packs for use in primary and secondary settings. They are available from LIAP by calling 0113 234 9090.

Newham Asian Women's Project – Just Another Day

This training pack, which includes a video, is available in Gujarati, Bengali, Hindi and English. It highlights the impact of domestic violence on young people. For further information, see www.nawp.org/consulAndResearch.htm.

Missdorothy.com – Watch over Me

This charitable foundation has developed an interactive learning programme for primary and secondary school children covering a range of domestic violence issues and the experiences of children and young people. For further information, see www.missdorothy.com or www.watchoverme.info.

For further information about prevention work and resources, visit the GLDVP website at www.gldvp.org.uk.

7.5 Perpetrators tracking down their former partners through the education system

7.5.1 Definitions of 'parent' in education law

Section 576(1) of the Education Act 1996 defines a 'parent' to include not only the child's father and mother but also:

- > any other person who has **parental responsibility** for a child or young person;¹³¹ and
- > any other person who **has care** of a child or young person – that is, a person with whom the child lives and who looks after the child.

7.5.2 Definitions of 'parental responsibility' under the Children Act

The concept of 'parental responsibility' under the Children Act 1989, which is different from the concept of 'parent', provides the starting point for schools in considering what rights, if any, a parent may have in relation to information about a child's schooling. The categories of people included in the concept of 'parent' contained in the Education Act 1996 are much wider than those included in the concept of 'parental responsibility'.

In situations where a parent who is a perpetrator of domestic violence is attempting to use the school to track down a former partner (usually the child's mother), one of the first

¹³¹ Sections 2, 3 and 4 of the Children Act 1989

issues that the school should consider is whether the parent has parental responsibility, and whether there is clear legal advice that should be followed.

Who has parental responsibility?

Parents married to each other at the time of a child's birth both have parental responsibility for that child.

If the parents of a child were not married to each other when the child was born, the mother has parental responsibility¹³² but the father does not, unless he has subsequently acquired it in one of the following ways:¹³³

- > **If the child was born on or after 1 December 2003**, by jointly registering the child's birth with the mother – if the child was born before 1 December 2003, the fact

that the father is named on the birth certificate does not give him parental responsibility.

- > By entering into an agreement with the child's mother that he will have parental responsibility. To have legal effect, the agreement must be in the prescribed form and registered in the prescribed manner; that is:¹³⁴
 - > by court order; or
 - > by marrying the mother of the child.

The law has changed so that unmarried fathers who jointly registered or re-registered their name on the birth certificate of a child born on or after 1 December 2003 have got parental responsibility. So, if an unmarried man has had a child after 1 December 2003

¹³² Section 2(2) of the Children Act 1989

¹³³ Section 4 of the Children Act 1989

¹³⁴ See the Parental Responsibility Agreement Regulations 1991, amended by SI 2001/2262

and is registered on the birth certificate, he also has parental responsibility.

A person other than a child's natural parents can acquire parental responsibility through:

- > being granted a residence order;
- > being granted a special guardianship order;¹³⁵
- > being appointed a guardian;¹³⁶
- > being named in an emergency protection order (although parental responsibility in such a situation is limited to taking reasonable steps to safeguard or promote the child's welfare); or
- > adopting a child – in this situation, the parental responsibility previously held by the birth parents or others

is brought to an end by the making of the Adoption Order.

A step-parent (whether the relationship is the result of marriage or of civil partnership) may also acquire parental responsibility for a child of their spouse or civil partner, either by agreement between the step-parent and the parents who have parental responsibility for the child, or by order of the court.¹³⁷

In addition, a local authority can acquire parental responsibility where a care order is made in respect of a child, although any person who is a parent or guardian with parental responsibility retains that parental responsibility and may exercise it provided their actions are not incompatible with the care order. While the care order is in force, the local

¹³⁵ Section 14A of the Children Act 1989

¹³⁶ A guardian may be appointed by court order or by a child's parent in accordance with section 5 of the Children Act 1989

¹³⁷ Section 4A of the Children Act 1989

authority can limit the extent to which parents can exercise their parental responsibility, where it is necessary in order to promote or safeguard the child's welfare.¹³⁸

The local authority can temporarily terminate contact between a parent and a child in care if this is necessary in order to promote or safeguard the child's welfare,¹³⁹ or there may be a court order authorising the local authority to refuse contact between a parent and a child in care.¹⁴⁰ Children can also be 'voluntarily accommodated' by the local authority,¹⁴¹ where there is a joint arrangement between the parents and the local authority that the latter will look after the child. This does not, however, involve a court order, and the parents can withdraw from the arrangement

if they choose to do so. Such voluntary accommodation arrangements do not give parental responsibility to the local authority.

7.5.3 General principles for schools

Those who hold parental responsibility, whether they are a resident or non-resident parent, generally have the right to participate in decisions about a child's education and to receive information about the child. However, this right is not absolute, and in practice it may be limited in a number of ways in order to protect children and their resident parents from perpetrators of domestic violence.

In situations where the school is unclear about the safety of a child, it should seek legal advice from its education department.

¹³⁸ Section 33 of the Children Act 1989

¹³⁹ Section 34(6) of the Children Act 1989

¹⁴⁰ Section 34(4) of the Children Act 1989

¹⁴¹ Section 20 of the Children Act 1989

When a school is dealing with a parent who is a perpetrator of domestic violence, it is important that the school tries to establish firstly whether the individual has parental responsibility, and secondly, if they have, whether there are any court orders in place that limit their exercise of parental responsibility in practice.

Where there is a history of domestic violence, violence towards children on the part of a parent, or a risk of abduction of a child by a violent parent, the courts may make a range of orders to protect the child or resident parent.

For example, the courts may make a prohibited steps order under section 9 of the Children Act preventing a parent from going within a certain distance of the school, or otherwise

limiting their access to the school. In some cases, the courts may make an order preventing all contact between a perpetrator of domestic violence and their family, in order to avoid taking actions which may place children or resident parents at risk.

The school's day-to-day contact will be with the resident parent (usually the mother), and in situations where there is a risk to a child or a parent from a perpetrator of domestic violence, schools should liaise closely with the resident parent in an attempt to minimise that risk.

- > Schools generally should not give out contact details of any child at the school to a person other than the resident parent/primary carer without first checking with the resident parent.

- > Schools should not be used for contact visits of any kind.
- > If a non-resident parent who is estranged from the child's resident parent comes to the school wanting to take the child out of school, the resident parent must be contacted immediately to let them know. If this happens during a school-led activity, school release must be refused.
- > Schools should not give out any details of pupils or their resident parents over the telephone.
- > In cases where there is known domestic violence, residence or contact disputes between parents, or other marital/family disputes, child protection procedures should be followed if a child repeatedly demonstrates a distressed reaction to their parent.
- > Every effort should be made to monitor the child's reaction to either parent, and to inform the appropriate agencies if there are concerns.
- > In cases where there is known domestic violence, the school should encourage the resident parent to share information about any court orders in place.
- > Where a parent reports that they or their child(ren) are being threatened by a former partner, the school should strongly suggest that legal advice is sought.
- > Copies of any court orders (residence orders, contact orders, prohibited steps orders, injunctions and non-molestation orders,

emergency protection orders etc.) must be kept on the child's file. All relevant people should be aware of the situation and, in situations of risk, the child should not be allowed to go with the non-resident parent.

- > In all cases of attempted contact, the resident parent must be informed and written permission for contact sought.

Provision of information to parents

In considering the provision of information to non-resident parents who are perpetrators of domestic violence, the school should be aware of the risks to children, not only while living with a perpetrator of domestic violence but also after the relationship has ended.

In cases where the school does not know the whereabouts of the non-resident parent, the school could (but is not obliged to) make the resident parent aware that a non-resident parent who has parental responsibility may be entitled to be involved in the child's education.

If they request it, non-resident parents with parental responsibility could be offered separate copies of school reports. The school must ensure that the contact address, telephone number or any other information that may lead to the location of the resident parent being discovered is never disclosed, and should remember that the safety of women and children is paramount. The school should not take the decision whether it is in the child's best interest to have

contact with a father who has been violent – advice from social services or legal advice must be sought. In some cases, there may be a court order in place preventing or limiting contact between the non-resident parent and the child.

If the non-resident parent does not know which school their child attends, there is no obligation on the school to make contact or to disclose the child's whereabouts or school progress to that non-resident parent.

Where there is a history of domestic violence, a school may be placing children and resident parents at risk by disclosing this information, and may also be acting in a way that assists the non-resident parent in breaking the terms of a court order.

If the non-resident parent contacts the school and requests access to information about the child's education, the school should only provide this information after:

- > taking all reasonable steps to ensure the safety of the child and resident parent, (including consulting the local authority's legal department);
- > ensuring that the general principles for schools (see page 186) are adhered to; and
- > satisfying itself that the individual has parental responsibility, and that the information provided does not place the child or resident parent at risk.

For more information, see *Schools, Parents and Parental Responsibility*¹⁴² for more details.

¹⁴² www.dcsf.gov.uk/publications/guidanceonthelaw/dfeepub/jun00/050600/index.htm

7.6 Cyberbullying

7.6.1 Staying safe online

A 2004 survey revealed that 92% of young people access the internet at school and 75% access the internet at home.¹⁴³ W2F Mobile Youth reported that four million young people owned a camera phone in 2005, estimating that the figure would double by 2007. Web browsers on mobile phones are now standard, enabling individual users to connect to the internet. It is therefore becoming increasingly important to safeguard young people online and to educate them about this subject.

There are a number of measures that supervising adults can take to increase the safety of young people, such as:

- > educate young people about internet safety;

- > place computers in public areas;
- > monitor the history of websites visited;
- > apply filters;
- > use only UK-registered sites, which are easier to police;
- > know who their children's friends are; and
- > monitor the chat conversations of children under 11.

Much attention has been given in the media to cases of online child abuse where perpetrators have gone online, often pretending to be a young person, in order to befriend or 'groom' another young person for abuse. While this is a threat, young people can keep themselves safe if they are given the following advice:

- > Never give out personal information to people you do not know offline.

¹⁴³ Livingstone, S. (2004) *Children online – consumers or citizens?* (Cultures of Consumption Working Paper Series), ESRC/AHRB

- > Use a nickname (sometimes called a screen name or avatar) that isn't sexually suggestive.
- > Do not meet anyone offline whom you have met online without telling an adult and taking them with you.
- > Get permission before you upload a picture or video clip of yourself and/or your friends or family.
- > Never open any emails, invitations to instant message conversations or files that have been sent to you via Bluetooth from anyone you don't know.
- > Report anything that makes you feel uncomfortable to an adult or to ChildLine on 0800 1111.

7.6.2 Sources of information for young people

Childnet's *Kidsmart* website also offers advice and information for teachers, parents and carers. See www.kidsmart.org.uk.

The NSPCC's *Kids Zone* provides young people with advice on how to surf the internet safely. See www.nspcc.org.uk/kidszone/surfingsafely.htm.

Think U Know is a young people's advice site from the Child Exploitation and Online Protection Centre. See www.thinkuknow.co.uk.

www.stoptextbullying.co.uk.

7.6.3 What is cyberbullying?

Cyberbullying is similar to traditional forms of bullying such as name calling, teasing, spreading rumours, embarrassing

or discrediting – but it takes place or is facilitated by electronic devices such as mobile phones, computers and the internet. A recent study showed that cyberbullying is the second most prevalent type of bullying after direct verbal bullying.¹⁴⁴

According to the MSN Cyberbullying Report (2006):¹⁴⁵

- > one in 10 UK teens has experienced cyberbullying;
- > half of UK parents are unaware of the phenomenon of cyberbullying;
- > 74% of teens did not go anywhere for advice the last time they were cyberbullied; and
- > one in eight says that cyberbullying is worse than physical bullying.

The nature of technologies now available to young people means that malicious material can be posted online and spread immediately using a number of different methods. Mobile phones can be used to access the internet, and Bluetooth devices in phones and laptops can spread material instantly to a large number of people. Even when materials are removed from a website, it is impossible to remove all traces of them from cyberspace as they may have been copied and forwarded to other individuals and websites.

¹⁴⁴ Noret, N. and Rivers, I. (2007) *The Prevalence and Correlates of Cyberbullying in Adolescence: Results of a Five-Year Cohort Study*, Queen Margaret University

¹⁴⁵ MSN UK (2006) *Cyberbullying Report: Bloggings, Instant Messaging and Email Bullying Amongst Today's Teens*

An increasing number of technologies are being used for cyberbullying. The most common are:

> **Websites and online message boards**

Images, video clips and messages intended to discredit or embarrass a young person are posted on websites or message boards.

> **Texts (SMS)**

Bullying texts are sent directly to the young person's mobile phone via another mobile phone or online SMS provider, or malicious texts about the young person are circulated to a number of individuals.

> **Picture messaging**

As with texts, photos or video clips are sent directly to the young person's mobile phone or to a number of individuals, usually by Bluetooth.

> **Instant messaging**

Instant messaging (IM) programs enable individuals to chat online in real time.

Conversations are usually typed, but increasingly the use of webcams and microphones allows individuals to view and see the person to whom they are talking. Cyberbullies may send malicious instant messages to their victims or circulate malicious rumours about them in chat rooms or within a group IM conversation.

> **Happy slapping and sexual images**

The rise of 'happy slapping' has been well documented in the media. An unsuspecting victim is physically assaulted and the assailant's accomplice records the assault, usually on a mobile phone camera.

This video is then circulated via text or Bluetooth and can be posted online. Similarly, there have been anecdotal reports of images and video clips of young people in a sexualised context being posted online, emailed or circulated via Bluetooth.

Some video clips have included sexual assaults. This contravenes the Sexual Offences Act 2003, which stipulates that individuals who appear in pornographic images must be over the age of 18.

Incidents of happy slapping constitute assault. Where an incident has occurred involving a young person, a report to the police must be made and child protection procedures followed.

Please refer to section 6 for further information on child protection procedures.

> **Gender and cyberbullying**

Girls are twice as likely (20.6%) to have been cyberbullied than boys (10.4%).¹⁴⁶

- > Some 14% of girls and 10% of boys think that cyberbullying is worse than physical bullying.¹⁴⁷

The law

Incidents of cyberbullying can be sanctioned under the following laws:

- > the Protection from Harassment Act 1997;
- > the Malicious Communications Act 1988; and

¹⁴⁶ Noret, N. and Rivers, I. (2007) *The Prevalence and Correlates of Cyberbullying in Adolescence: Results of a Five-Year Cohort Study*, Queen Margaret University

¹⁴⁷ MSN UK (2006) *Cyberbullying Report: Bloggings, Instant Messaging and Email Bullying Amongst Today's Teens*

- > section 43 of the Telecommunications Act 1984.

Website and message board providers also have terms and conditions that forbid the posting of malicious or inflammatory material, and codes of conduct governing the behaviour of their users.

Victims, or advocates on behalf of victims, should complain and request the removal of offending material.

7.6.4 Cyberbullying and schools

Cyberbullying is often difficult to manage because it can happen both inside and outside the immediate school environment. However, schools can control the use of personal mobile phones and laptops within the school environment, as well as use of the school's own computers

and networks. Cyberbullying must be integrated into the school's anti-bullying policy, as must all solutions to address the problem. Cyberbullying should also be integrated into the school's policy on acceptable use of school computers and networks.

A 2003 report¹⁴⁸ on children's and young people's views about methods of addressing bullying identified that:

- > the three most helpful factors in preventing or helping pupils to deal with bullying were friendships, avoidance strategies and learning to 'stand up for yourself';
- > telling teachers about bullying was associated with a number of risks, including breaches of confidentiality, failure to

¹⁴⁸ Oliver, C. and Candappa, M. (2003) *Tackling Bullying: Listening to the views of children and young people*, Department for Education and Skills/ChildLine

act on reported incidents and inability to protect pupils from retaliatory action; and

- > just over half (51%) of pupils in Year 5 but fewer than a third (31%) of pupils in Year 8 reported that they would find it easy to speak to a teacher about bullying.

The report concluded that there was no one definitive solution to bullying, but advocated that a number of solutions should be made available.

In a 2005 National Children's Home study¹⁴⁹ on mobile phone bullying, 28% of victims did not tell anyone, 41% told a friend and 14% spoke to a teacher. Young people should be involved in developing support models and solutions to bullying, and these should include ways to talk and share.

Suggested solutions from young people include:

- > the 'circle of friends' model;
- > a 'buddy' system or peer mentoring; and
- > having pupils identify the teacher that they can approach.

Schools that have integrated domestic violence prevention programmes into their curriculum have also found that bullying has been reduced.

Educating children and young people

The internet is a very useful, very valuable source of information. It is also providing opportunities for young people to showcase their creativity and innovation. In education terms, the downside of using filters is

¹⁴⁹ National Children's Home (2005) *Putting U in the Picture: Mobile Bullying Survey*

that a lot of useful information, especially if it is produced abroad, can be excluded. Finding reliable sources of information should be integrated into all areas of the curriculum. Supervising adults should suggest and bookmark reliable online sources of information.

Technological solutions such as filters and monitors can only go so far in increasing the safety of children and young people online and on their mobile phones. Children and young

people should be taught how to keep themselves safe generally, to be cautious of people they don't know, and – most importantly – to respect themselves and others.

Good practice example

Childnet

Let's Fight It Together is an award-winning film produced by the children's internet charity Childnet International for DCSF to help young people understand cyberbullying. A full teacher's guide and lesson plans are available to accompany the film. The associated website also includes full guidance for schools on preventing and responding to cyberbullying: see www.digizen.org/cyberbullying/film.aspx.

Section 8: Adolescent domestic violence

8.0 Young people's experiences of violence

- > Young people are exposed to violence and abuse in society.
- > They often have differing and sometimes naïve views about definitions of 'domestic violence', consent, power and control etc.
- > Young women aged 16–24 are the group at highest risk of experiencing domestic violence.
- > Young people are more likely to experience abuse from peers.
- > Adolescents can be more accepting and dismissive of abusive behaviour than their adult counterparts.
- > **When young people disclose their experiences of violence and abuse we have a responsibility to listen to**

them and provide services and support.

Both females and males can be victims of domestic violence, but evidence from research shows that the majority of victims of repeated abuse are female. This does not change the fact that everyone – male and female – deserves support, options, resources and safety.

8.1 Issues relating to adolescent domestic violence

- > Domestic violence is often conceptualised as something that only occurs between adult partners or within a family setting.
- > Teenagers are inexperienced with dating relationships.
- > While teenage relationships may be short-term, they are often experienced as intensely as adult relationships.

- > Lack of experience and the acceptance of peer group norms can make it more difficult to judge a partner's behaviour as being abusive. Therefore, young people are less likely to recognise abusive behaviour and less likely to report it.
 - > Teenagers are often unable to avoid their abuser because they attend the same school or college, which increases their sense of fear and entrapment.
 - > Teenagers often want independence from their parents and can keep relationships secret.
 - > Teenagers can be pressured by peers into having dating relationships.
 - > Teenage domestic violence is influenced by how teenagers view themselves and others.
 - > Media representation and the sexualisation of children can influence teenagers' understanding of relationships.
 - > Police do encounter cases that could be classified as adolescent domestic violence but a lot of these cases are not flagged and recognised as such, as the police in most areas work to a definition of domestic violence that focuses on over-18s.
- It is important to target adolescents with early intervention and prevention programmes aimed at decreasing the prevalence of domestic violence and increasing teenagers' ability to recognise and report it.
- Violence is a child protection issue for young women, young men, an unborn child

or a child, and must always be taken seriously and acted on.

8.2 Risk factors

Below is a list of risk factors which can increase the likelihood that a young person may be vulnerable to entering into an abusive relationship. *Remember that any list of risk factors could be indicative of a number of outcomes and reflect a correlation not a causation.*

Risk factors include:

- > possible previous experience of violence in the home (remember this can increase vulnerability or risk but not necessarily cause someone to become a perpetrator or victim);
- > a naïve or distorted view of relationships and/or gender entitlement;

- > low perceived control;
- > depression;
- > poor mental health;
- > drug and alcohol misuse;
- > school non-attendance;
- > homelessness;
- > disruption of the family unit;
- > sexual relationships;
- > having a child;
- > poverty; and
- > sexual exploitation and sexualised risk taking.

8.3 Protective factors

It is important to remember that many young people are incredibly resilient and that certain factors can help to negate the impact of abuse, including:

- > achievement at school;
- > a safe haven;

- > support from positive role models;
 - > friends/mentors;
 - > the belief that others have high expectations of them;
 - > physical, emotional and economic security;
 - > decision-making capabilities;
 - > assertiveness (internal and external);
 - > awareness of legal rights; and
 - > awareness of how to form healthy relationships.
- > failing grades;
 - > changes in mood or personality;
 - > use of drugs/alcohol (where there was no prior use);
 - > emotional outbursts;
 - > isolation from friends and family;
 - > very frequent texts and phone calls from a partner;
 - > presence of sexually transmitted infections (due to sexually risky behaviour as a coping mechanism); and/or
 - > pregnancy (either unintended due to poor use of, or absence of, contraception, or intended in order to escape the situation).

8.4 Signs that indicate a teenager may be experiencing domestic violence¹⁵⁰

These include:

- > physical signs of injury;
- > truancy and/or dropping out of school;

¹⁵⁰ Taken from statistics relating to domestic abuse from the Alabama Coalition Against Domestic Violence

8.5 Impact of domestic violence

8.5.1 Impact on emotional well-being

- > Significantly more behavioural and emotional problems (this could be directly due to the violence, but also due to the effects of loss and separation).
- > Some children are reported to be more aggressive and anti-social – '**externalised behaviours**'.
- > Others have high rates of depression, anxiety and trauma symptoms – '**internalised behaviours**'.

8.5.2 Impact on cognitive abilities

Domestic violence can impact on cognitive abilities through:

- > doubled rate of absence from school. This can be for

several reasons: it may be that the child has inappropriate caretaking responsibilities for younger siblings or an injured parent, they may not be allowed to go to school, they may be scared to leave their mother in case something happens to her, they may be truanting if it all feels too much etc.; and

- > behavioural problems observed in class.

Remember – if a young person is displaying behavioural problems in school, or elsewhere, it is important to always consider the possibility that this may be due to witnessing or experiencing domestic violence. The symptoms displayed by a child with attention deficit hyperactivity disorder (ADHD) are very similar to those of a

child with post-traumatic stress disorder (PTSD). These children need support rather than disciplining.

It is important to consider the practical issues around education. If a young person has to change school or college, it can seriously disrupt academic performance. If they have to move to a refuge or temporary accommodation, they may not have the personal space to be able to do coursework or homework. They may not have access to a computer or may have had to leave their books and papers behind. Their journey to school may be longer.

Schools need to understand how domestic violence can impact on a child's education. Please see section 7 for more details.

8.5.3 Impact on health

Impacts on health due to domestic violence include:

- > physical injuries and/or illnesses;
- > mental health issues;
- > self-harm;
- > eating disorders;
- > substance use;
- > PTSD;
- > rape and sexual assault;
- > risky behaviours;
- > teenage pregnancy;
- > poor sexual health, including sexually transmitted infections;
- > miscarriage/harm to the foetus;
- > restricted access to healthcare; and
- > death.

8.6 Gender assumptions¹⁵¹

Research shows that some young men may believe that:

- > they have the right to 'control' their female partners;
- > 'masculinity' is the same as physical aggression;
- > they 'possess' their partner;
- > they should and can demand intimacy/sex; and
- > they may lose respect if they are attentive and supportive towards their girlfriend.

And some young women may believe that:

- > they are responsible for solving problems in their relationships;
- > their boyfriend's jealousy, possessiveness and even physical abuse is 'romantic';

- > abuse is 'normal' because their friends are also being abused;
- > they can 'cure' the abusive boyfriend; and
- > there is no one to ask for help.

The above categories are not discrete. For example, young women may also believe that their boyfriend has the right to control them, and young men may believe there is no one they can ask for help.

8.7 Particular issues for young women

The 15–18-year-old group is particularly vulnerable as women over 18 are usually able to access mainstream services.

Young women often face multiple barriers to accessing services:

¹⁵¹ Delaware Coalition Against Domestic Violence, 1999

- > They may be experiencing many consecutive forms of abuse and violence from male relatives and may find it difficult to disclose this due to fear of losing their home and the support of their family, or having to move schools.
- > Younger women may be concerned that their experiences will not be believed or taken seriously by family members, friends or professionals, particularly if they are not cohabiting with their partner.
- > According to US research, young women also seem to be especially vulnerable to violence from older partners and there are additional strong correlations between experiences of violence and teenage pregnancy.¹⁵²
- > Other barriers occur because young women are less likely to have financial resources. This limits their practical choices for planning their safety. Women under 18 have limited access to welfare benefits (if they do not have dependent children) and are unable to hold a tenancy in their own name. This has a particular limiting effect on their housing options. Young women leaving home for the first time may also need additional support to make the transition into a refuge or their own housing.
- > Young women simply do not have the information they need to access support services or may not define their experiences as abusive.

¹⁵² Center for Impact Research (2000) *Domestic Violence and Birth Control Sabotage: A Report from the Teen Patient Project*

8.8 Particular issues for young men

There are also many issues faced by young men, including:

- > domestic violence at home;
- > domestic violence in their own relationships;
- > limited access to services;
- > limited places for older boys in refuges;
- > prejudice and stereotypes;
- > worrying levels of acceptance of violence;
- > rules of 'masculinity'; and
- > their potential for change and prevention.

It is important to remember that male teenagers and young fathers can choose non-

violence. They are capable of healthy and respectful relationships and many of them act as allies in preventing violence and abuse.

8.9 Lesbian, gay, bisexual and trans young people

Lesbian, gay, bisexual and trans (LGBT) young people experience domestic violence at similar rates and in much the same way as heterosexual couples. However, LGBT young people can face extra barriers to identifying abuse and seeking help. It is also important to recognise that, while most people think of domestic abuse as being perpetrated by someone's former or current partner, other members of an individual's family can also perpetrate abuse. For example, the perpetrator may be a

parent or sibling after someone has 'come out' (disclosed their sexual orientation or gender identity)¹⁵³ or where this has been disclosed against their will. In 2007/08, 47% of calls to an LGBT housing service related to reporting domestic violence were from LGBT people under 25.

8.9.1 Prevalence

- > A quarter of a sample of 117 young people in same-sex relationships reported domestic violence.¹⁵⁴
- > One national survey into prevalence among lesbians and gay men reported that 29% of men and 22% of women had experienced domestic abuse. Of these, 24% and 19% had experienced some recurrent abuse.¹⁵⁵

8.9.2 Myths and stereotypes¹⁵⁶

There are a number of myths about domestic abuse that can make it difficult for LGBT victims to identify abuse or to access services, including the ideas that:

- > abuse between people of the same sex is 'mutual', so both are equally responsible for any abuse;
- > if abuse occurs, the person experiencing domestic abuse and the perpetrator will 'play out' heterosexual gender roles (for example, the abuser will be butch, while the non-abusive partner will be more passive and feminine);
- > abuse is considered a 'normal' part of relationships between LGBT people;
- > that no one will help someone

¹⁵³ FLGBT Domestic Abuse Forum: information sheet

¹⁵⁴ Halpern, C. et al (2004) *Prevalence of partner violence in same-sex romantic and sexual relationships in a national sample of adolescents*, Journal of Adolescent Health 35:124–131

¹⁵⁵ Henderson, L. (2003) *Prevalance of Domestic Violence among Lesbians and Gay Men*, Sigma Research, see www.sigmaresearch.org.uk

¹⁵⁶ Break the Cycle (2005) *Domestic violence and LGBT youth*

who is experiencing domestic abuse because they are LGBT or in an LGBT relationship, or that the law would not protect them;

- > that domestic abuse does not happen to trans people; and
- > people may also assume that a man can always defend himself against another man, or that a woman is too weak or passive to abuse another woman.

For young LGBT people, there may also be some specific issues. These can include:

- > LGBT young people being blackmailed or fearing bullying or ridicule over disclosure of their sexuality, which could result in estrangement and isolation;
- > having no experience of a relationship with someone of

the same sex and not realising that abusive behaviour within that relationship is not acceptable;

- > having limited access to a social network (perhaps because they are not out or because there are no local LGBT youth groups); and
- > particular issues for black and minority ethnic LGBT young people because of anti-gay cultural norms or homophobia in some communities.

8.9.3 Barriers to accessing support

These barriers include:

- > concern about revealing sexual orientation or gender identity to friends, family and service providers, including the fear of homo/bi and transphobia;

- > fear of being 'outed'(i.e. to disclose someone's sexual orientation or gender identity without their consent, for example to their employer, family or community);
- > real or perceived homo/bi and transphobia from service providers;
- > identifying abuse. This can be complicated for LGBT young people given their age and developing ideas of what healthy relationships might look like, including access to positive role models;
- > being unaware of options available;
- > a lack of appropriate or specialist services (particularly access to crisis housing provision); and
- > a lack of training in relation

to LGBT domestic abuse, including a failure to screen for alleged perpetrator and victim/survivor.

Two new leaflets have been produced for LGBT people experiencing domestic abuse. The leaflets were funded by the Government Office for London and written by the Greater London Domestic Violence Project and Barking and Dagenham Primary Care Trust.

Both leaflets can be downloaded from: www.gldvp.org.uk

Domestic Violence – A resource for lesbian and bisexual women

Domestic Violence – A resource for gay and bisexual men

8.9.4 Support available

Albert Kennedy Trust

020 7831 6562 or

www.akt.org.uk

Provides support, mentoring, foster care and advice to young LGBT people up to 21 and occasionally 22–25 years old.

Broken Rainbow

08452 60 44 60 or

www.broken-rainbow.org.uk

Provides support for LGBT people experiencing domestic violence.

Galop

020 7704 2040 (Shoutline)

or www.galop.org.uk

Provides information, advice and practical support to LGBT people in London who have experienced homophobic or transphobic abuse, sexual abuse, problems with the police or domestic violence. Helps people report homophobic or transphobic crime to the police

through its anonymous third-party reporting scheme.

Gender Trust

0845 231 0505 (national helpline)

or www.gendertrust.org.uk

Works to help adults throughout the UK who are transsexual, gender dysphoric or transgender or whose lives are affected by gender identity issues.

PACE

020 7700 1323 or

Helpline 0808 1807 223 or

www.pacehealth.org.uk

Promotes the mental health and emotional well-being of the LGBT community. Offers counselling, family support, advocacy, youth work and employment training.

Stonewall Housing

020 7359 5767 or

www.stonewallhousing.org

Provides supported housing, advice and advocacy for the LGBT communities in London.

Stonewall

08000 50 20 20 (Info Line) or
www.stonewall.org.uk

Works to achieve equality and justice for lesbians, gay men and bisexual people. Provides information on a number of different topics and details of local support groups, activities and services for lesbian, gay and bisexual people. Also runs an Education for All campaign, launched in January 2005, which helps to tackle homophobia and homophobic bullying in schools.

LGBT Domestic Abuse Forum

lgbtforum@gldvp.org.uk

A network of practitioners, activists and researchers working around the issue of LGBT domestic abuse. It exists to provide a forum in which to meet, network and exchange good practice.

8.10 Teenage mothers**8.10.1 General information on teenage pregnancy**

- > In 2007 in England, around 40,000 girls under 18 became pregnant.
- > In 2007, 51 % of all under-18 pregnancies in England ended in abortion.
- > The UK has one of the highest teenage pregnancy rates in Western Europe; there has been a fall in under-18 conceptions of 10.7% in England between 1998 and 2007, but conceptions leading to births fell by 23.3% over the same period.

8.10.2 Teenage pregnancy and domestic violence

Being pregnant is a high-risk

- factor for the onset or escalation of domestic violence, no matter how old the mother is. 30% of domestic violence starts during pregnancy.¹⁵⁷ However:
- > the prevalence of abuse and violence from a partner is higher among teenage mothers than other young women;
 - > young women who are being or have been abused are four to six times more likely than their non-abused peers to become pregnant during their teenage years;¹⁵⁸
 - > 78% of adolescents experiencing domestic violence during the first three months after giving birth had not experienced domestic violence before delivery;¹⁵⁹
 - > teenage mothers are more likely than older mothers to have experienced domestic abuse – 14% of teenagers interviewed by the Sure Start Plus national evaluation disclosed that they had experienced domestic abuse during their current pregnancy; and¹⁶⁰
 - > 7% of young mothers are reported to have become pregnant as a consequence of a partner's abusive and controlling behaviour.¹⁶¹

¹⁵⁷ Lewis, G. (ed.) (2001) *Why mothers die 1997–1999: The Confidential Enquiries into Maternal Deaths in the UK*, RCOG Press

¹⁵⁸ Saewyc, E., Magee, L. and Pettingell, S. (2004) *Teenage Pregnancy and Associated Risk Behaviors among Sexually Abused Adolescents*, Perspectives in Sexual and Reproductive Health 36(3):98–105

¹⁵⁹ Harrykisson, S., Rickert, V. and Wiemann, C. (2002) *Prevalence and patterns of intimate partner violence among adolescent mothers during the postpartum period*, Archives of Pediatrics & Adolescent Medicine 156:325–330

¹⁶⁰ Wiggins, M., Rosato, M., Austerberry, H., Sawtell, M. and Oliver, S. (2005) *Sure Start Plus National Evaluation: Final Report*, Social Science Research Unit, Institute of Education, University of London

¹⁶¹ Wiggins, M. et al (2005) *Teenage Parenthood and Social Exclusion: A Multi-method Study*, Institute of Education, University of London

8.10.3 Maternal deaths

The Confidential Enquiries into Maternal Deaths investigate deaths occurring during pregnancy or within 42 days of delivery or termination.

Some 62% of the young women under the age of 18 years whose deaths were considered by the Confidential Enquiry into Maternal Deaths (2000–2002) had suffered violence in the home.¹⁶² Three-quarters of the girls under 18 who died were in violent, dependent relationships, and four (out of 14) had been sexually abused in the past. Three of the girls who had suffered sexual abuse were aged 16 years or under.

All of the girls who died as a result of domestic violence had several of the following risk indicators:

- > poor/non-attendance at antenatal clinics;
- > repeat attendance at antenatal clinics, the GP's surgery or accident and emergency departments for minor injuries or trivial or non-existent complaints;
- > repeat presentation with depression, anxiety, self-harm and psychosomatic symptoms;
- > minimalisation of signs of violence on the body;
- > recurrent sexually transmitted infections; or
- > non-compliance with treatment regimens/early self-discharge from hospital.

8.10.4 Key risk factors for teenage pregnancy

- > low maternal aspirations for a girl's future;

¹⁶² Lewis, G. (ed.) (2001) *Why mothers die 1997–1999: The Confidential Enquiries into Maternal Deaths in the UK*, RCOG Press

- > low educational attainment;
- > repeat pregnancies and abortions;
- > early onset of sexual activity;
- > disengagement from education and poor school attendance;
- > living in care;
- > poverty;
- > frequent running away, estrangement from family and living independently at age 16 or 17;
- > living in a deprived area; and
- > Being the daughter of a teenage mother.

past few years have looked at young people’s experiences of and attitudes towards violence within their relationships. Some of these studies are summarised below.

NSPCC and *Sugar* magazine study – young girls’ experiences and attitudes (2006)

Have been hit by a boyfriend	16%
Have been pushed by a boyfriend	15%
Have been forced to have sex by a boyfriend	6%
Think cheating gives a boyfriend the right to be aggressive	31%
Would give an aggressive boyfriend a second chance	43%
Accept aggressive behaviour	40%

8.10.5 Young people’s attitudes to domestic violence – data from research

Zero Tolerance survey and study (1998)¹⁶³

Several studies carried out in the

Study involving 10 focus groups and a survey of 2,039 young

¹⁶³ www.zerotolerance.org.uk/upfiles/young%20peoples%20attitude%2085.pdf

people (aged 14–21) asked whether violence against women is ever OK.

- > one in five young men and one in 10 young women thought it was OK;
- > one in four young men thought that violence was OK if a girl had slept with someone else;
- > one in eight young men thought it was OK if the girl was 'nagging';
- > forcing a woman to have sex was also widely accepted;
- > the survey found widespread victim blame and belief that women can provoke violence; and
- > overall 78% of young men and 53% of young women thought girls are sometimes or often to blame for violence against them.

End Violence Against Women poll (2006)¹⁶⁴

This online poll of 524 male and female 16–20-year-olds found that:

- > 40% knew girls whose boyfriends coerced or pressured them to have sex;
- > 42% knew girls whose boyfriends had hit them;
- > 59% (68% of girls, 51% of boys) felt that they did not have enough information to advise victims;
- > 95% recognised that violence against a partner is unacceptable;
- > 27% thought it was OK for a boy to expect sex with a girl if she had been flirtatious; and

¹⁶⁴ www.amnesty.org.uk/uploads/documents/doc_17400.pdf

- > 8% thought it was OK to expect sex if the boy had spent money on the girl.

These views reflected those of an adult poll in 2005.

Attitudes that underpin gender violence need to be challenged at the same time as more work is done to safeguard girls and women.

Good practice examples Nottinghamshire Domestic Violence Forum (NDVF) and GLDVP

NDVF has developed some excellent resources and information for professionals (available at www.ndvf.org.uk) and also for young people themselves (at www.respectnotfear.co.uk). It has also developed an information card for female survivors, of which over one million copies have been given out.

GLDVP has produced a leaflet called *How to help your mates* which is aimed at teenagers who may be worried that their friends are in unhealthy relationships. It can be downloaded here: www.gldvp.org.uk/module_images/help%20your%20mates%20leaflet%20new..pdf

8.11 Teenagers and technology

New forms of technology make it possible for abusers to be in constant contact with victims and for abusive images to be circulated, thus perpetuating the abuse.

A recent US survey of 13–18-year-olds found that:¹⁶⁵

- > 24% of young people in a relationship received hourly calls, emails or texts from their partner to check up on them between 12am and 5am;

¹⁶⁵ Picard, P. (2007) *Tech Abuse in Teen Relationships Study*, Liz Claiborne Inc

- > 30% received 10–30 calls or texts per hour;
- > 82% of parents of those who received 30 calls or texts per hour did not know it was happening;
- > 25% had been harassed via calls and texts;
- > 22% had been asked for sex via calls, texts or the internet; and
- > 75% of parents were unaware that their child had been a victim of domestic violence.

See section 7 for more detailed information on cyberbullying.

See appendix 7 for the Teen Power and Control Wheel (Domestic Abuse Intervention Project, Duluth).

See appendix 4 for a safety plan to use with teenagers

GLDVP provides training on teenagers and domestic violence, including teenagers as victims and as perpetrators of violence towards dating partners and/or family members. The training also looks at issues such as teenage pregnancy and sexual violence. For more details, visit www.gldvp.org.uk.

8.12 Teenagers as perpetrators

Front-line practitioners have reported that the young people they work with are being violent towards parents and/or dating partners.

The issue of children being abusive towards parents can be difficult to work with; it challenges our fundamental beliefs about parenting and the power dynamics within family relationships.

The reasons that children and young people give for being abusive towards their parents include:¹⁶⁶

- > a response to domestic violence/divorce;
- > an attempt to control their parents;
- > an attempt to defend themselves;
- > a reaction to being abused;
- > an attempt to defend their mothers; and
- > lashing out due to disability, mental health and/or substance misuse issues.

As this is a relatively new area for research and information, GLDVP and Respect have developed training on this issue. For details, visit www.gldvp.org.uk.

Respect – Young People’s Services

Respect, the national association for domestic violence perpetrator programmes and associated support services, has recently launched a new service for young people.

The project will produce a service model and toolkit for targeted work with 13–19-year-olds in three regions across the UK. These models of work will be disseminated to front-line professionals via regional training events and conferences.

For more information on the project and resources, contact Kate.iwi@respect.uk.net.

¹⁶⁶ Gallagher, E. (2008) *Children’s violence towards parents*, Monash University

Section 9: Sexual violence and exploitation

9.0 Links between domestic violence and sexual violence

When child sexual abuse by a parent or caregiver is excluded from statistics, most sexual victimisation experienced by young women is perpetrated by dating partners or acquaintances and may occur in the context of other dating violence, including physical and emotional abuse. Anecdotal data from one of London's Havens (sexual assault referral centres) states that 30% of all their referrals are for under-18s, with the majority of these children being 14–15 years of age. These children are usually assaulted by an acquaintance; for instance, someone they met on a social networking site or at a party.

As with all forms of domestic violence, it is common for victims to experience multiple incidents of sexual abuse, sometimes over long periods of time, before they seek help or report to the police. Victims of sexual violence within a domestic context are likely to be victims of the most severe forms of domestic violence, and are therefore at significant risk of grievous bodily harm or homicide. This should be taken into consideration when developing indicators for LAAs, particularly within the context of MARACs.

In order to increase the disclosure of sexual violence and improve access to specialist support for victims, routine enquiry about sexual violence by domestic violence services could be encouraged and monitored.

9.1 Sexual violence in adolescents' relationships

Section 8 has shown that domestic violence is common in teenage relationships, and we also know that sexual violence is a form of domestic violence. Therefore it is important to understand how young people are specifically affected by rape and sexual assault. Girls aged 16–19 are four times more likely to report sexual assault and rape.

In 2006, Metropolitan Police Service data¹⁶⁷ showed that 29.3% of recorded rape victims were aged under 17. Of other sexual offences, 41.3% were committed against individuals under 17.

9.1.1 Defining sexual violence

The World Health Organization (WHO) defines sexual violence as:

*'Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person, regardless of their relationship to the victim, in any setting, including but not limited to home and work.'*¹⁶⁸

9.1.2 The Sexual Offences Act 2003

The Sexual Offences Act has widened the definition of rape to include oral penetration as well as vaginal and anal penetration.

In order for a sexual act not to count as rape, the accused will have to show that they had been 'honest and reasonable' in their belief that they had taken 'reasonable' steps to ensure the other party consented to sex.

¹⁶⁷ Greater London Authority (2007) *The State of London's Children Report*

¹⁶⁸ Krug, E., Dahlberg, L., Mercy, J., Zwi, A. and Lozano, R. (eds) (2002) *World Report on Violence and Health*, WHO

If a victim was asleep, unconscious, drugged or drunk (even if they had willingly consumed drugs or alcohol), had a profound mental disorder, or if violence or threats were involved, the victim would not have been able to consent.

There are three age bands defined by the Sexual Offences Act:

- > Under 13 years of age: no capacity to consent to any sexual activity;
- > 14–16 years of age: limited capacity to consent; and
- > 16–18 years of age: capacity to consent, but there is specific protection under the Act for offences relating to indecent photographs, prostitution, pornography, abuse of trust, and familial offences/incest.

Havens

Anyone in London who has been raped or sexually assaulted can come to a Haven. Trained, experienced professionals can provide medical help and advice, counselling, practical and emotional support for men, women and children.

The London Havens are based in Camberwell, Paddington and Whitechapel and appointments can be made 24 hours a day. www.thehavens.co.uk.

Sexual assault referral centres (SARCs)

A full list of locations is available at www.homeoffice.gov.uk/crime-victims/reducing-crime/sexual-offences/sexual-assault-referral-centres/referral-centre-locations.

It is important to remember that you do not have to report to the police when attending a SARC.

There is a cross-government Action Plan on Sexual Violence and Abuse. This can be found, along with implementation guidance to accompany it, at www.crimereduction.homeoffice.gov.uk/sexualoffences/sexual03.htm.

9.1.3 Factors affecting disclosure

Many factors can influence disclosure of sexual assault, some of them similar to factors affecting disclosure of domestic violence. These factors include feelings of denial, fear and guilt.

Adolescents are also not used to having to advocate for their own safety and well-being. Reporting abuse and assaults can be especially hard if the perpetrator is a dating partner or someone they know. Adolescents can also minimise abusive behaviour and

may not realise that what has happened to them is a crime.

One US study found that among college-age girls who described experiencing a sexual act meeting the legal definition of rape, less than half (46.5%) personally defined the experience as rape. This may be due to several factors, including denial, sexual inexperience, guilt, previous victimisation, and acceptance of traditional sex-role stereotypes. Also, the misperception that visible injuries and physical trauma are always present after sexual assault may cause some young people not to identify themselves as a victim.¹⁶⁹

¹⁶⁹ Fisher, B., Cullen, F. and Turner, M. (2000) *The Sexual Victimization of College Women*, United States Department of Justice

9.2 Links to gangs

This section has been included as young people in gangs face a huge amount of violence. Many of the risk factors for joining a gang and for being vulnerable to an abusive relationship are the same.

It is difficult to exactly define a 'gang'; indeed, many people object to the term 'gang'. It is useful to think of groups of young people on a continuum. For instance, one researcher¹⁷⁰ has identified the following typology of youth groups.

Youth movements are social movements characterised by a distinctive mode of dress or other bodily adornments, a leisure-time preference and other distinguishing features (e.g. punk rockers).

Youth groups are comprised of small clusters of young people who hang out together in public places such as shopping centres.

Criminal groups are small clusters of friends who band together, usually for a short period of time, to commit crime primarily for financial gain and may contain older members as well.

Wannabe groups include young people who band together in a loosely structured group primarily to engage in spontaneous social activity and exciting, impulsive, criminal activity including collective violence against other groups of youths. Wannabees will often claim 'gang' territory and adopt 'gang-style' identifying markers of some kind.

¹⁷⁰ Gordon, R. (2000) *Criminal business organizations, street gangs and 'wanna-be' groups: A Vancouver perspective*, Canadian Journal of Criminology 42(1)

Street gangs are groups of young people and young adults who band together to form a semi-structured organisation, the primary purpose of which is to engage in planned and profitable criminal behaviour or organised violence against rival street gangs. They tend to be less visible but more permanent than other groups.

Criminal business organisations are groups that exhibit a formal structure and a high degree of sophistication. They are composed mainly of adults and engage in criminal activity primarily for economic reasons and almost invariably maintain a low profile. Thus, while they may have a name, they are rarely visible.

Headlines about gang culture and crime dominate the

media and it is claimed that one teenager is killed every week in the UK due to gang-related crimes. By 2006, the Metropolitan Police¹⁷¹ had identified 169 youth gangs in London alone, many using firearms in the furtherance of their crimes and estimated to have been responsible for around 40 murders and 20% of the youth crime in the capital.

9.2.1 Gangs and gender

A recent report on the London Borough of Waltham Forest¹⁷² identified gang members as having younger girlfriends, aged between 13 and 15, who were attracted by the glamour and 'celebrity of gang members'. They were sometimes used to carry weapons or drugs and were often sexually exploited. They could be partners or sisters

¹⁷¹ Metropolitan Police Service (2006) *Pan-London Gang Profile*, MPS

¹⁷² Pitts, J. (2007) *Reluctant Gangsters: Youth Gangs in Waltham Forest*, University of Bedfordshire

of gang members or they might be in their own gangs or violent peer groups.

'The relationship tends to be abusive; one of dominance and submission. Some senior gang members pass their girlfriends around to lower ranking members and sometimes to the whole group at the same time. Unreported rape by gang members, as a form of reprisal or just because they can, is said to occur fairly frequently and reports to the police are rare.'

There is little research available on violent females, especially within a context of gang violence. Female endorsement of violent crime can take two forms:¹⁷³

- > endorsement via participation (e.g. weapons or drugs

carrying, providing alibis, antagonists); and

- > endorsement via association (e.g. the role of sexual partners, the benefits of status and protection, the attraction of violent crime).

Either form of endorsement can put young women at risk of sexual assault.

Rape as a weapon

According to the recent research carried out by Race on the Agenda (ROTA),¹⁷⁴ the current climate of stop-and-search responses to detect knives and other weapons increases the likelihood of rape being used as a weapon. Girls are also sexually exploited by members of their own gang. In both situations many teenage girls are becoming pregnant. There are obvious issues with underreporting. The

¹⁷³ Building Bridges and Beyond (2008), ROTA, see www.rota.org.uk/Downloads/BBP%20Final%20Report%202.pdf

¹⁷⁴ Ibid.

research also found that sexual assaults were taking place in school playgrounds.

'The assault of a female is used as a means of asserting power not only over the girl involved, but also over those who are associated with her. In short, females are used as a weapon, and their violation is seen as a means of enacting revenge on a group of people, rather than just the female involved.'

9.2.2 Risk factors associated with joining a gang

- > **Poverty and isolation:** gangs and their territories are generally located in the most socially deprived areas.
- > **Age:** the Metropolitan Police pan-London gang survey found that most gang members joined between the ages of 12 and 14, the majority were under 18 and the oldest were 25.
- > **Ethnicity:** gangs are usually estate-based and their ethnic make-up reflects the ethnic make-up of their estates, whatever their ethnic origin; however, gang members assume the style and manner dictated by popular, globalised 'black', street culture.¹⁷⁵
- > **Education:** gang members are often excluded from school and exhibit a poor academic performance.
- > **Criminal justice involvement:** a high proportion of young people in gangs are under the supervision of a youth offending team.
- > **Territory:** certain gangs operate within certain areas,

¹⁷⁵ Ibid.

- estates or postcodes and will defend and control that area.
- > **Generational:** many young people say they were 'born into' a gang because members of their family are already gang members.
- > **Escaping difficult family life:** gang members are often seeking acceptance from peers, who become like a surrogate family.
- > needing access to a location where a gang operates; and/or
- > wanting the status of being affiliated to a gang because they feel they have no other legitimate opportunities open to them.
- Some existing gang members may want to leave, but are scared of the consequences.

9.2.3 Reluctant gang members

The study on Waltham Forest highlights that gang involvement is often not voluntary. Some young people may join gangs for other reasons such as:

- > being scared of the consequences of not joining, for themselves or their family;
- > needing protection from a rival gang;
- > change in types of friends;
- > changes in dress habits, such as wearing the same colour

We know how hard it is for one person to leave a violent relationship with an abusive partner. How difficult must it be to leave a gang that is full of abusers and potential abusers?

9.2.4 Warning signs¹⁷⁶

These can include:

¹⁷⁶ Project Safe Neighborhoods www.ojp.usdoj.gov/BJA/grant/psn.html

combination all the time (note: style changes quickly, and just because a child wears a certain type of clothing, it does not mean he or she is a member of a gang);

- > displaying gang symbols on books, clothing or school locker;
- > tattoos;
- > carrying extra cash from unknown sources;
- > carrying a weapon;
- > losing interest in school and family;
- > getting arrested or detained by the police;
- > becoming a truant;
- > using alcohol and other drugs;
- > talking in 'gang-style' language; and

- > using hand signals to communicate with others.

9.3 Sexual exploitation

Some 5,000 young people are exploited into prostitution in Britain at any one time, with a ratio of female to male of 4:1.

Furthermore, 70% of adults involved in prostitution were sexually exploited as young teenagers.

The Sexual Offences Act has introduced three new offences relating to sexual exploitation:

- > abuse of children through prostitution and pornography;
- > trafficking for sexual exploitation; and
- > grooming for sexual exploitation.

Although any child may be vulnerable to exploitation, children who have experienced

any of the following are more vulnerable to abuse through sexual exploitation:¹⁷⁷

- > child sexual abuse;
- > domestic violence within the family;
- > family breakdown;
- > physical abuse and emotional deprivation;
- > bullying in or out of school;
- > family involvement in sexual exploitation;
- > parents with a high level of vulnerabilities (drug/alcohol abuse, mental health problems etc.);
- > drug/alcohol, mental health or other difficulties themselves;
- > being looked after in residential care; and

> going missing frequently.

Stigmatised and excluded young people are especially vulnerable to sexual abuse, re-abuse and exploitation. They include teenage prostitutes and sex workers, homeless teenagers, and young people in care, prison and secure units.

9.3.1 Principles underpinning a multi-agency response to the sexual exploitation of children¹⁷⁸

- > Sexual exploitation incorporates sexual, physical and emotional abuse, as well as, in some cases, neglect.
- > Children do not make informed choices to enter or remain in sexual exploitation. Rather, they do so because of coercion, enticement, manipulation or desperation.

¹⁷⁷ London Safeguarding Children Board (2006) *Safeguarding children abused through sexual exploitation*

¹⁷⁸ London Safeguarding Children Board (2006) *Safeguarding children abused through sexual exploitation*

- > Children under 16 years old cannot consent to sexual activity; sexual activity with children under the age of 13 is statutory rape.
- > Sexually exploited children should be treated as victims of abuse, not as offenders. Children under 16 will always be dealt with as actual or potential victims. For young people aged between 16 and 18 years, consideration may be given, in very limited circumstances and where all other options have failed, to the use of criminal justice action.
- > Many sexually exploited children have difficulty distinguishing between their own choices around sex and sexuality and the sexual activities they are coerced into.
- > The primary law enforcement effort must be against the coercers and sex abusers. These people may be adults, but they could also be the child's peers or young people who are older than the child.

9.4 Sexual bullying

Sexist and sexual bullying affects both genders. Boys may be victims as well as girls, and both sexes may be victims of their own sex. In general, sexual bullying is characterised by:¹⁷⁹

- > abusive name calling;
- > overt 'looks' and comments about appearance, attractiveness and emerging puberty;
- > inappropriate and uninvited touching;

¹⁷⁹ www.teachernet.gov.uk/wholeschool/behaviour/tacklingbullying/safetolearn/specifictypesofbullying/

- > sexual innuendoes and propositions;
- > pornographic material and graffiti with sexual content; and
- > in its most extreme form, sexual assault or rape.

It is important that children and young people learn that sexual bullying is unacceptable, and that such behaviour will be challenged by responsible adults when it occurs.

The Department for Children, Schools and Families (DCSF) has produced extensive guidance and resources on preventing and tackling all forms of bullying in schools. This is available online at www.teachernet.gov.uk/wholeschool/behaviour/tacklingbullying/. DCSF has also developed guidance, training tools and materials

to help practitioners to tackle bullying that takes place outside school. This suite of guidance documents – entitled ‘Safe from Bullying’ – sets out how different local services can work together to put a stop to bullying. This is available online at www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00363/. DCSF is also running a new front on tackling bullying outside schools over the next two financial years. This consists of three strands: initial dissemination of the good practice outlined in the Safe from Bullying guidance to key practitioners; embedding the good practice in key contexts; and raising national awareness of out of school bullying issues through anti-bullying week activities. This programme will be delivered by the Anti-Bullying Alliance.

DCSF is also working to develop guidance for schools on preventing and tackling Sexist, Sexual and Transphobic bullying to be launched in autumn 2009.

Services and support

Womankind has done a huge amount of work on this issue and is working with schools across the UK to develop a shared understanding of what sexual bullying is and to change the school environment to challenge sexual bullying. To find out more visit www.womankind.org.uk/Stop-sexual-bullying-UK.html.

RUThinking

www.ruthinking.co.uk
This site provides advice for young people about sex and relationships, including consent and the law on sexual offences.

Rape Crisis

www.rapecrisis.org.uk

The Survivors Trust

www.thesurvivorstrust.org

Stop It Now!

www.stopitnow.org.uk

Star Project

www.starproject.org.uk

The Star Project is the Education and Outreach initiative from Southampton Rape Crisis and Sexual Abuse Counselling Service.

Section 10: So-called 'honour'-based violence

10.0 Introduction

Article 24.3 of the United Nations Convention on the Rights of the Child obliges states to: 'take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children'.

A United Nations rights fact sheet recognises that:

*'Traditional cultural practices reflect values and beliefs held by members of a community for periods often spanning generations. Every social grouping in the world has specific traditional cultural practices and beliefs, some of which are beneficial to all members, while others are harmful to a specific group, such as women.'*¹⁸⁰

'Honour'-related violence is complex since it is deeply embedded in interpersonal relations, family, community and culture.

It refers to a specific form of violence against women which, like most forms of oppression and violence against women, is based on claims to control women's sexual and social choices. The concept of honour is closely linked to control; when a man's control of his family is threatened, punishment is given to the girl or woman seen to be responsible for this dishonour. This perpetuates the subordination and gender inequality of women. 'Honour'-based violence must be understood as a form of domestic violence and child abuse.

¹⁸⁰ The Office of the High Commissioner for Human Rights, Fact Sheet No.23, *Harmful Traditional Practices Affecting the Health of Women and Children*

Crimes of 'honour' are not limited to homicide. It is important to be aware that the family may be colluding in the violence – it may not be safe for a woman or child to return to the family home, and mediation may not be an appropriate response.

10.1 A gender issue

Violence and discrimination against women in the name of honour, by physical or psychological means, leads to social exclusion, denial of access to education and employment, ill health, loss of potential and loss of life. Defining community honour as resting upon the 'respectability' of women leads to women's expressions of independence – including freedom over their sexuality – becoming a central problem.

'Honour'-based violence is rooted in power inequalities and the ensuing compliance of women and girls to the dictates of their communities.

Female Genital Mutilation (FGM) violates the basic human rights of girls and women – the right to life and the right to health.

Boys and young men suffer from 'honour'-related violence as well, although not to the same extent as girls.

There appear to be four different categories of boys who suffer from 'honour'-related violence:

- 1) boys forced into marriage;
- 2) brothers who stand up for their sisters;
- 3) 'unwanted' partners; and
- 4) homosexual or trans males.

Most 'honour'-based murders of males occur because those males do not want to marry a chosen bride, or do want to marry a bride of their own choice, but against the will of the family etc.¹⁸¹

10.2 Female genital mutilation

FGM is known to be practised by UK-based communities, both within the UK and by taking girls out of the country for the procedure. Many girls are taken out of school for FGM, and suffer physical and mental health consequences as a result of it. It is estimated that about 3,000 girls are at risk of FGM in the UK.

Often referred to as female circumcision, FGM involves the *'partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or other non-therapeutic reasons'*.¹⁸²

The WHO classifies FGM into four types:

Type I involves the excision of the prepuce with or without excision of part or all of the clitoris.

Type II involves the excision of the prepuce and clitoris together with partial or total excision of the labia minora. This is the most common form and accounts for 80% of all cases.

Type III involves the excision of part or all of the external genitalia and the stitching or narrowing of the vaginal opening, also known as infibulation. This is the most extreme form and accounts for 15% of all cases.

Type IV includes pricking, piercing or incision of the clitoris and/or the labia; stretching of the clitoris and or the labia; and cauterisation or burning of the clitoris and surrounding tissues.

¹⁸¹ Kvinnoforum (2005) *Honour Related Violence: European Resource Book and Good Practice*

¹⁸² World Health Organization (1997) *Female Genital Mutilation – A joint WHO/UNICEF/UNFPA statement*

The procedure is commonly carried out by an older woman in the community, usually with no medical training. The age at which the procedure is carried out varies, but is commonly between 4 and 10 years.

Why does FGM take place?

The origins of this practice are complex; it is justified by and deeply ingrained in the belief systems of the cultural groups that practice it. It is often associated with the transition into adulthood.

Reasons given include:

- > custom and tradition;
- > social acceptance;
- > hygiene and aesthetics;
- > social cohesion – establishing identity and sense of belonging;
- > honour and survival – an uncircumcised woman is often not accepted by her community and can stand little chance of marriage;
- > de-sexualising women and repressing sexual desire;
- > religious reasons, although no holy text advocates the practice; and
- > purification.

Consequences of FGM

- > death;
- > severe pain and shock;
- > bleeding;
- > infection;
- > damage to the external reproductive system;
- > uterine, vaginal and pelvic infections;
- > difficulties in menstruation;

- > complications in pregnancy and childbirth;
- > sexual dysfunction;
- > infertility; and
- > psychological damage.

The girls and young women at risk of being subjected to 'honour'-based violence tend also to be at risk of poverty and social exclusion. 'Honour' norms and values, such as child marriage, mean that they are often hindered from taking part in education and integration into society. The lack of support for girls who are forced to flee their homes in fear of violence or even being killed causes even more isolation.

Difficulties in identifying girls at risk of FGM

- > it is a one-off event;

- > there are rarely reasons for routine examinations of girls' genitalia; and
- > their culture does not enable girls to discuss FGM openly.

Girls who have undergone FGM and live in the UK may experience a liberal Western culture at school while having to conform to more traditional values at home. If these values conflict, it can cause problems – the girls may become confused and vulnerable to depression as they realise they are different from their peers.

Girls are at increased risk if:¹⁸³

- > the mother has undergone FGM;
- > the mother-in-law has a great deal of influence in the household;

¹⁸³ Please refer to www.forwarduk.org.uk/download/10

- > no one has ever raised the issue of FGM with the girl, or provided accessible information for her; or
- > there are older daughters who have undergone FGM.
- > crime and the parents can be prosecuted; and
- > changes the name of the offence, now using 'genital mutilation' instead of 'circumcision'.

FGM legislation in the UK

The Female Genital Mutilation Act 2003 replaced the Prohibition of Female Circumcision Act 1985, coming into law on 30 October 2003 and implemented on 3 March 2004.

The main legislative changes are that the new Act:

- > increases the penalty for committing FGM to 14 years imprisonment, a fine or both;
- > introduces 'extraterritoriality' – this means that, if a girl is taken out of the UK to any country for FGM, it is still a

There is a clear link between FGM and child marriage. Communities that practise FGM are also more likely to practise child marriages. In some communities, FGM is carried out at puberty and marriages are arranged immediately. It is also common in communities practising FGM for a man to refuse to marry a girl or woman who has not undergone FGM, or to demand that FGM is carried out before marriage.

10.3 Forced child marriage

The majority of individuals dealt with by the Forced Marriage Unit (FMU) at the Home Office are aged 15–24, but 30% of cases are 14 or under – some as young as 10 years old.

A forced marriage, as opposed to an arranged marriage, is one conducted without the valid consent of both parties, where duress is a factor. Duress can range from emotional pressure exerted by family members to threats, abduction, imprisonment, physical violence and sometimes murder.¹⁸⁴ It is a culturally specific form of domestic violence.

Young women are the main victims of forced marriage, although 15% of cases handled by the FMU are men, some of

whom are as young as 10 years old. While we refer to female victims below, forced marriage should not be classed as less of an abuse to boys than it is to girls.

The impact of forced marriages can be severe, even fatal. Research indicates that the majority of young Asian runaways are aged around 16, the age at which they are likely to be compelled to marry. There are disproportionate levels of actual and attempted suicides among teenage Asian girls.¹⁸⁵

Even if a child appears to give their consent to marriage, they are not able to make a fully informed choice. Child marriages are arranged within a context of force and coercion, involving pressure, emotional blackmail and children who lack the choice or capacity to give their full

¹⁸⁴ Samas, Y. and Eade, J. (2003) *Community Perceptions of Forced Marriage*, Foreign and Commonwealth Office Community Liaison Unit

¹⁸⁵ www.womankind.org.uk/news-archive-cedaw-shadow-report.html

consent.¹⁸⁶ In some areas, such as West Africa and Ethiopia, girls can be married as young as seven years old.

Motivations for forced marriage may include:¹⁸⁷

- > controlling unwanted sexuality (including perceived promiscuity or being lesbian, gay, bisexual or trans) – particularly the behaviour and sexuality of women;
- > controlling unwanted behaviour, e.g. alcohol and drug use, wearing make-up or behaving in a 'westernised manner';
- > preventing 'unsuitable' relationships, e.g. outside the ethnic, cultural, religious or caste group;
- > protecting 'family honour' or 'izzat';
- > responding to peer-group or family pressure;
- > attempting to strengthen family links;
- > achieving financial gain;
- > ensuring that land, property and wealth remain within the family;
- > protecting perceived cultural ideals;
- > protecting perceived religious ideals;
- > ensuring care for a child or vulnerable adult with special needs when parents or existing carers are unable to fulfil that role;
- > assisting claims for UK residence and citizenship; and
- > fulfilling long-standing family commitments.

¹⁸⁶ www.forwarduk.org.uk/download/10

¹⁸⁷ HM Government (2008) *The Right to Choose: Multi-agency statutory guidance for dealing with forced marriage*

10.3.1 The difference between forced and arranged marriages

The distinction lies in the right to choose. In the tradition of arranged marriages, the families of both spouses take a leading role in arranging the marriage, but the choice of whether to solemnise the arrangement remains with the spouses and can be exercised at any time. The spouses have the right to choose to say no. In forced marriage, there is no choice.

The tradition of arranged marriage has operated successfully within many communities and many countries for a very long time, and remains the preferred choice of many young people.¹⁸⁸

Early marriage of girls undermines a number of rights guaranteed by the Convention on the Rights of the Child, such as:

- > the right to education (Article 28);
- > the right to be protected from all forms of physical or mental violence, injury or abuse, including sexual abuse (Article 19) and from all forms of sexual exploitation (Article 34);
- > the right to the enjoyment of the highest attainable standard of health (Article 24);
- > the right to educational and vocational information and guidance (Article 28);
- > the right to seek, receive and impart information and ideas (Article 13);
- > the right to rest and leisure, and to participate freely in cultural life (Article 31);
- > the right to not be separated from their parents against their will (Article 9); and

¹⁸⁸ United Nations Population Fund (UNFPA) (2005) *Child Marriage Fact Sheet*, see www.unfpa.org/swp/2005/presskit/factsheets/facts_child_marriage.htm

> the right to protection against all forms of exploitation affecting any aspect of the child's welfare (Article 36).

There are a number of consequences for girls who are forced into marriage:

- > they are robbed of their childhood – time necessary for them to develop physically, emotionally and psychologically;
- > occasionally there are links to FGM, as in some cultures a higher dowry will be given for a girl who has had this procedure;
- > they may be raped or obliged to have intercourse, although physically they may not be fully developed;
- > they may be withdrawn from education early. Some are taken and left abroad for extended periods;
- > both male and female victims of forced marriage may feel that running away is their only option;
- > they may die if they are made pregnant – girls aged 10–14 are five times more likely to die in pregnancy or childbirth than women aged 20–24;¹⁸⁹
- > they may suffer from low weight and malnutrition resulting from frequent pregnancies and lactation in the period of life when they themselves are still growing;
- > families seen to be of low status have to compensate for this by the payment of a dowry to the husband at the time of marriage. This has resulted in a number of dowry crimes, including mental and physical torture, starvation, rape and even the burning

¹⁸⁹ Ibid.

alive of women by their husbands and/or in-laws in cases where dowry payments are not met;

- > they may lack personal agency and autonomy – girls are groomed to be submissive;
- > women trapped in a forced marriage often experience violence, rape, forced pregnancy and forced childbearing; and
- > those who do leave often live in fear of their own families, who will go to considerable lengths to find them and ensure their return. Having traced them, in some cases the family may murder them (so-called 'honour' killing).

10.3.2 Identifying young girls at risk of forced marriage

Factors that may indicate that

a young girl is at risk of forced marriage include:

- > a history of domestic violence within the family;
- > educational factors – extended absence from school/college, truancy, drop in performance, low motivation, excessive parental restriction and control of movements, a history of siblings leaving education to marry early;
- > employment factors – poor attendance in the workplace, poor performance, parental control of income, limited career choices;
- > health factors – evidence of self-harm, treatment for depression, attempted suicide, social isolation, eating disorders, substance abuse; and
- > older siblings who have married early.

The diagram on page 249 sets out some of the main warning signs that can help to identify those at risk of forced marriage.¹⁹⁰ While the factors set out in this diagram may, collectively or individually, indicate that someone is facing forced marriage, it should not be assumed that an individual is being forced into marriage simply because they present with one or more of them. The warning signs may indicate other types of abuse, which will also require a multi-agency response.

The list of indicators in the diagram is not intended to be exhaustive.

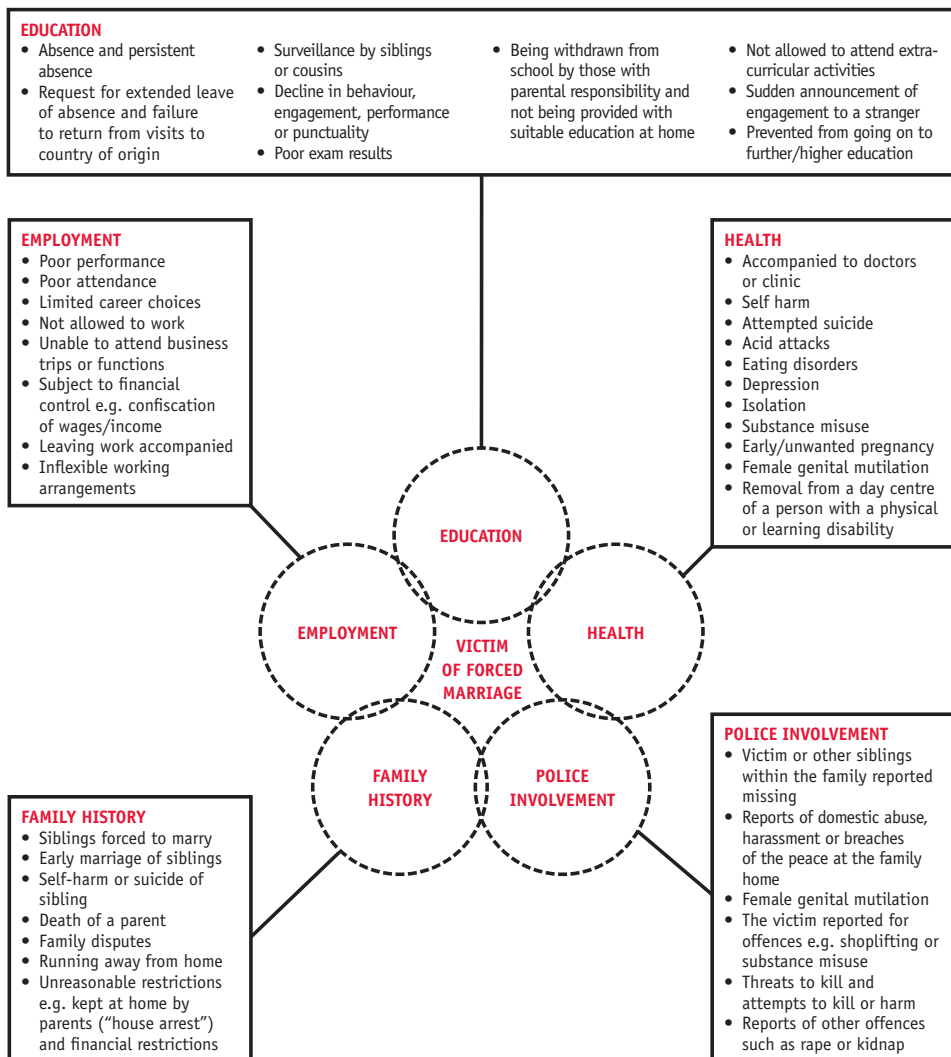
New forced marriage guidance and resources for schools are now available at www.everychildmatters.gov.uk/resources-and-practice/IG00331/.

Guidance is also available for police, health professionals and social workers, at www.fco.gov.uk/en/fco-in-action/nationals/forced-marriage-unit/info-for-professionals.

The Right to Choose: Multi-agency statutory guidance on forced marriage was published on 25 November 2008. It describes the strategic responsibilities of statutory agencies and will be supplemented by revised practitioner guidelines early in 2009.

If you fear that someone you have contact with is at risk of forced marriage overseas, please ring the Forced Marriage Unit (FMU) caseworkers as soon as possible. The number is 020 7008 0151.

¹⁹⁰ HM Government (2008) *The Right to Choose: Multi-agency statutory guidance for dealing with forced marriage*

WARNING SIGNS OF A VICTIM OF FORCED MARRIAGE

Links to child abduction

Child abduction is often an element of forced marriage, and the most cited risk factor is a history of domestic violence.¹⁹¹

International parental child abduction is the removal or retention of a child across an international border by one parent (or a person who has parental responsibility), which is either in contravention of a court order or without the consent of the other parent (or person who has parental responsibility).

Reunite International is the leading UK charity specialising in international parental child abduction. It operates the only 24-hour, 7-days-a-week advice line in the UK specialising in international parental child abduction.

For more information, contact reunite@dircon.co.uk or call 01162 556 234.

10.4 'Honour'-based homicide

Murders in the name of 'honour' are those in which predominantly women and girls are killed as punishment for their actual or perceived immoral behaviour. Where such murders occur, most often wives are murdered by their husbands and daughters by their fathers. Families often collude in the planning, and younger family members may be enlisted to undertake the murder.

The perception or rumour of immoral behaviour may be sufficient to prompt a murder; such behaviour may include:

- > wearing inappropriate make-up or dress;

¹⁹¹ Plass, P., Finkelhor, D. and Hotelling, G. (1997) *Risk factors for family abduction: Demographics and family interaction characteristics*, *Journal of Family Violence* 12(3):333–47

- > having a boyfriend;
- > rejecting a forced marriage;
- > becoming pregnant outside marriage;
- > having interfaith relationships;
- > leaving a spouse or seeking a divorce; and
- > kissing or displaying intimacy in a public place.

Serious Case Reviews (SCRs) are conducted:

- > when a child dies and abuse or neglect are known or suspected to be a factor in the death; or
- > when a child sustains a potentially life-threatening injury or serious and permanent impairment of health and development, or has been subjected to serious sexual abuse, and the case

gives rise to concerns about inter-agency working to safeguard children.

All services must ensure that their staff are competent and confident to contribute to SCRs.

Agencies should implement the findings from SCRs to improve services.

The guidance *Safeguarding Children from Abuse Linked to a Belief in Spirit Possession* (2007) provides advice to practitioners and managers to help them identify and deal with abuse that may be linked to a belief in spirit possession. The guidance is aimed at all agencies working with children and can be found at www.everychildmatters.gov.uk/_files/02469E1FF4089D7030FBD0E11815C511.pdf.

10.5 Professional responses

Education

Research by UNICEF shows that the more education a girl receives, the less likely she is to be married as a child. Improving access to education and eliminating gender gaps in education are therefore important strategies for ending the practice of child marriage.

Often the primary opportunity to prevent a forced marriage will be through education professionals recognising the warning signs in the classroom.

Further information for education professionals on how to tackle forced marriage and other forms of abuse can be found on the TeacherNet website and in the document *Dealing with cases of forced marriage. Guidance for*

Education Professionals.¹⁹²

This guidance also explains how to introduce these topics into the school curriculum and how to make the school a safe environment for disclosure.

Social services

Often social workers are the only people from the statutory sector that potential victims of forced marriage will see. Their initial response will play an important role in determining the final outcome of the case. Social workers need to be sensitive to the fact that some presenting problems could indicate that forced marriage is an underlying issue.

Social services have a duty to make enquiries into allegations of abuse or neglect against a child under section 47 of the Children Act 1989, and forced

¹⁹² www.fco.gov.uk/resources/en/pdf/FMarriageGuidance-Education

marriage can amount to sexual and emotional abuse, including abduction abroad, that places children at significant risk of further abuse. It is essential that young people are not returned home without full consideration being given to their safety.

Professionals in the social services should refer to *Young people and vulnerable adults facing forced marriage: Practice Guidance for Social Workers*.¹⁹³

Health

Young girls may assume that health professionals cannot help them and may be unlikely to disclose.

Therefore health professionals need to be trained to recognise signs of 'honour'-based violence and what to do if a patient discloses, as they are in an

ideal position to provide early intervention.

They should refer to *Dealing with cases of forced marriage: Practice Guidance for Health Professionals*.¹⁹⁴

Police

Police have a duty to identify children who are likely to suffer significant harm, and to invoke the necessary child protection procedures.

¹⁹³ See www.fco.gov.uk/resources/en/pdf/FM-Guidance-Social-Workers

¹⁹⁴ See www.fco.gov.uk/resources/en/pdf/FMGuidanceHealthProfessionals

Section 11: Appendices

Appendix 1

Proposed procedures for safeguarding children affected by domestic violence

These procedures have been developed as a model policy for safeguarding children affected by domestic violence in partnership with key domestic violence agencies and child protection experts.

www.gldvp.org.uk/C2B/document_tree/ViewACategory.asp?CategoryID=179

Appendix 2

Courses offered to support the implementation of the toolkit

Courses for professionals

GLDVP can offer the following elements as stand-alone courses, or combined to make a longer course. These courses can be used to train the full range of professionals who come into contact with the toolkit.

1. Awareness of domestic violence, the experiences children have as a result of living with and leaving domestic violence, and the effects these may have on their safety, education, welfare and development; the impact on mothering, the ways perpetrators parent children.

2. First responses to women, children and men (as per the revised LSCB guidelines as well as the toolkit): better identification, asking the questions, providing good and positive first responses, understanding the legal framework and support services, knowing how to refer to other agencies.
3. Detailed legal rights for victims of domestic violence and responses to perpetrators of domestic violence.
4. Adolescents and domestic violence, with a focus on teenage pregnancy, issues and barriers faced by young women and young men, gangs, how to do risk assessments and safety planning.
5. The effects of domestic violence on children (e.g. gender, age, resiliency, physical and emotional effects).
6. General risk assessment and safety planning for victims and for children, how to ask the question, etc.
7. Framework for responding to children affected by domestic violence: policy and practice implications of various documents, including local authority commissioning guidance, LSCB procedures, ECM, Gender Equality Duty (GED).
8. General training on prevention work and work in schools (e.g. how to engage, how to locate in curriculum, links to GED, ECM).

9. Specific practical training on carrying out domestic violence prevention programmes with children and young people, using the 'Spiralling' toolkit and other resources.
10. Sexual abuse and control in teenage relationships.
11. Using drama as part of domestic violence prevention work.
12. Using young people as peer educators in domestic violence prevention work with young people.
13. Working with fathers on the effects of domestic violence and of father absence on children.
14. Rebuilding the mother – child bond after domestic violence.

Courses for young people

We can also devise and run courses with young people on domestic violence and particularly with an emphasis on prevention work. This would include, for example, awareness of domestic abuse and controlling behaviour, warning signs, legal rights, safety planning, supporting a friend, etc.

For further information

Please contact Sophie Taylor (training and events coordinator at GLDVP) on 020 7785 3860.

Sophie.taylor@gldvp.org.uk
www.gldvp.org.uk

Appendix 3

Children’s Safety Plan



This is my safety plan _____ (name of child)

If I feel scared at home, I can’t stop it but this is what I can do to keep safe:

Find a safe place.
In my house this is:

If it is safe, phone the police; the number is:

I will say: My name:

What is happening (someone is hurting my mummy):

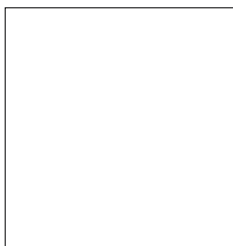
Where I am:

I can also get help from:

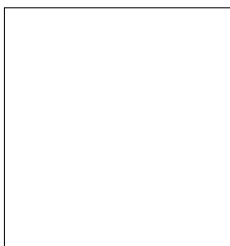
It is OK to feel:

The people that know about my plan are (draw a picture in the boxes):

Me



Other



Appendix 4

Teenager’s Safety Plan¹⁹⁵

If you’re in an abusive situation and are not able or ready to leave it, it’s important to think about how to keep yourself safe. If you do want to leave, it’s a good idea to plan your escape well. Filling in this safety plan and printing it out can help you feel safe whether you’re staying in your current situation or getting ready to leave.

Be sure to review it every so often with someone you trust, to keep the information useful and up to date.

I will tell (name):

and (name):

about the abuse and ask them to help me if I use the code word or phrase:

or if they learn I’m being hurt by any other means.

¹⁹⁵ Developed by Amy Hill, MA, Family Violence Prevention Coordinator with Contra Costa Health Services, and Technology Consultant for Project Safe Network, www.safenetwork.net

I will buy a small address book and carry it with me at all times.
I will list the following people, agencies, shelters, hotlines or other services in the book:

1. _____
2. _____
3. _____

I will make a habit of leaving as often as possible, to go to:

I will use this excuse when I'm able or ready to leave the situation.

I will leave before I think a situation will get violent. I usually know things are getting violent when:

My abuser may try to persuade me not to leave by:

I can get around this by:

If I decide to leave, I will go to either of the following places that are unknown to my abuser:

1. _____
2. _____

I will keep the following items in a bag that is ready to go (circle those that apply):

- > keys
- > address book
- > driving licence or other identification
- > school records
- > passport
- > immigration papers
- > Travel card
- > spare change
- > small amount of cash
- > cheque book
- > spare clothes
- > mobile and charger
- > restraining/protection orders
- > current unpaid bills
- > insurance papers
- > prescriptions/medicines
- > special photos
- > personal items
- > (for teens with children: bottle, nappies, birth certificate, child's medical records, spare clothes for child, child's favourite toys)

If I leave, I will take this bag, as well as:

with me.

I will keep spare items, supplies, copies of important papers, and:

with (name):

in case I am unable to get my bag before leaving.

I will review my safety plan on (date):

with (name):

Appendix 5

Risk assessment tools

There are a number of tools currently being used within the domestic violence sector. The most widely used ones are:

The Coordinated Action Against Domestic Abuse (CAADA) risk identification tool for domestic violence

This tool was developed by CAADA for use locally within the MARAC structure, to identify victims at high or medium risk from domestic violence and to coordinate safety interventions between agencies. It has been developed particularly for IDVAs to use in their work with victims of domestic violence who come to the attention of criminal justice agencies.

The tool has recently been revised with input from Respect, CAFCASS and Relate, and the current version can be downloaded from CAADA's website at www.caada.org.uk/library_resources.html#2

Respect has also written guidance on how to use the tool. Please contact them for details. www.respect.uk.net/

A further model is currently being piloted and is expected to be available in 2009. This is the DASH model and it will be found on the CAADA website.

The DASH model (Domestic Abuse, Stalking and 'Honour'-based violence)

CAADA-DASH MARAC (2009)

This form is designed for agencies that are part of the MARAC process and either do not have their own assessment tool or would like a supplementary form for identifying risk of domestic violence. The primary purpose of the form is to identify risk to the adult victim and to be able to offer appropriate resources/support in the form of the MARAC for the most serious cases. Furthermore, the information from the checklist will enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and 'near misses', which form the basis of

the most recognised models of risk assessment.

The form can be downloaded from www.caada.org.uk/library_resources/Risk%20Indicator%20Checklist%20for%20use%20by%20IDVAs%20guidance.pdf

Appendix 6

Domestic violence prevention work: Guidelines for minimum standards

Thangham Debbonaire,
Domestic Violence Responses

Jo Sharpen, Greater London
Domestic Violence Project

Domestic violence prevention
work – guidelines for minimum
standards

Defining domestic violence

The current resources available for use in domestic violence prevention work base their approach on definitions of domestic violence which have the following features:

1. That domestic violence and/or abuse is violence and/or abuse carried out by one adult against another with whom they are or have been in an intimate relationship.
2. That domestic violence and/or abuse can include physical, sexual, emotional and other forms of harm and controlling behaviour.
3. That the abusive behaviour is intentional and functional.
4. That perpetrators and victims can be male or female and the relationship can be heterosexual, gay or lesbian.
5. That domestic violence includes violence from family members such as elder abuse when committed by a family member or intimate partner.
6. That the majority of the perpetrators are heterosexual males and the majority of victims are their female partners and ex-partners, and that this is linked to assumptions about gender roles in relationships.

7. That domestic violence also includes forced marriages, so-called 'honour' crimes and FGM.

Any work to prevent domestic violence will benefit from using a clear definition of domestic violence. This helps to inform the choice and sequencing of activities, the knowledge and training needed to carry out the work, and the links to other work.

The current Home Office definition is:

'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality.'

This definition currently only relates to people over 18. It is possible that this definition may change in the near future to lower this age limit to 16.

Why is this work important?

- > In 90% of family households where domestic violence is occurring, children are in the same or the next room 90% of the time.
- > Two women a week in the UK are killed because of domestic violence.
- > 40% of young people have experienced domestic violence in their own intimate relationships.
- > 70% of teenage mothers have experienced domestic violence.

It is vital that we target children with early intervention and prevention work to challenge attitudes that promote gender-based violence and to safeguard women and children.

Why should schools and youth projects address this issue?

- > Domestic violence can affect children's and young people's cognitive and emotional ability.
- > Schools and youth projects may be a place of safety for mothers to seek support.
- > Schools and youth projects can also be a safe haven for children and young people experiencing violence at home.
- > Schools and youth projects have a safeguarding duty to protect the welfare of children.
- > Schools are legally obliged to promote pupils' moral, spiritual and social development.
- > Domestic violence is a cross-curricular issue which can be integrated into a range of other issues and subjects such as bullying, emotional literacy, circle time, PSHE, sex and relationship education and forced marriage.

Aims of prevention work

The aims should be clear, specific to domestic violence and age appropriate. Examples of suitable aims include:

For young people:

1. To equip young people with understanding of what domestic violence and controlling behaviours are and of unacceptable behaviour in relationships.

2. To develop young people's understanding of how to identify a potential or actual abusive relationship.
3. To provide young people with information about how they could help a friend or colleague, now and in the future, if they suspected that they were being abused.
4. To help young people to develop their own understanding of what makes a safe, non-abusive relationship.
5. To help young people to develop skills of negotiating fairly within relationships and to experience the positive qualities of cooperating with a partner.
6. To promote gender equality in all intimate relationships.

For younger children:

1. To equip children with an understanding of what is meant by a good friend and how to identify someone who is not being a good friend.
2. To help children to develop an understanding of what is and is not acceptable behaviour in a friendship.
3. To help children to develop negotiating and communication skills.
4. To help children to experience the positive aspects of working cooperatively.
5. To promote gender equality in all friendships.

Specialist knowledge

It is important that children and young people are given clear and accurate information about domestic violence, and that people leading such sessions promote attitudes which do not condone or unintentionally collude with domestic violence and abuse. Whoever has overall responsibility for the sessions should have a thorough understanding of all of the following:

- > the nature, scale and extent of domestic violence and of the effects on victims, children and others;
- > the ways in which perpetrators deny, minimise and excuse their behaviour and the ways in which other people can intentionally or unintentionally collude with this;
- > the legal context to domestic violence and the range of responses to help support and protect victims and their children and to hold perpetrators to account;
- > the historical context of domestic violence and of the relationship between assumptions about gender roles in relationships and domestic violence;
- > the ways in which children and young people can be affected by domestic violence;
- > the child protection implications of domestic violence and of carrying out domestic violence prevention work;
- > relevant techniques and approaches to domestic violence prevention work, specific to the age, ability and developmental stages of the

children and young people they are working with, and skills in using these; and

- > the role of schools in domestic violence prevention work, the ways schools work and the links between domestic violence prevention work and the National Curriculum.

Domestic violence prevention work should therefore always involve or be supported by a domestic violence specialist in some way and should always be led by individuals who have access to, and know how to refer to, accurate, up-to-date information about the nature of domestic violence, the legal context and the relevant responses to it. Without this specialist knowledge there are strong risks that children and young people will be given inaccurate information.

There are various ways that this work can be successfully carried out:

- > A domestic violence practitioner, specifically trained for this work, working with teachers or youth workers to run sessions in school, youth work etc.
- > Using programmes of work developed by specialist domestic violence practitioners working with teachers and youth workers.
- > The local domestic violence forum steering the work and training specialist domestic violence workers and education staff to work together.
- > Domestic violence prevention practitioners training staff in schools and youth work to run the sessions, using a recognised programme of work.

Whoever is involved in running the sessions, or has overall responsibility for the class or group of children or young people taking part, should have had some specialist domestic violence training, in order to ensure that they have a clear understanding of the topic.

Content

Domestic violence prevention work can often be confused with or included in other work such as anti-bullying work, child protection work, anger management or emotional literacy. While these are all important and in some ways connected to domestic violence prevention, they are not the same and do not fulfil the same aims as domestic violence prevention work.

Outcomes of the work could include:

- > an increased understanding of the nature and effects of domestic violence;
- > knowledge of the legal status of domestic violence;
- > knowledge of the range of responses available;
- > the ability to identify controlling behaviour and understanding of how this links to domestic violence and abuse;
- > the ability to identify certain forms of behaviour as abusive and to identify these as criminal acts where appropriate; and
- > knowledge of local support services.

Domestic violence, national curriculum and relevant policies

- > Every Child Matters
- > National Healthy Schools Agenda
- > Gender Equality Duty
- > Anti-bullying statutory requirements
- > National Curriculum requirements for Citizenship
- > Personal, Social, Health and Economic Education Framework
- > Extended Schools.

Supporting principles

As well as prevention work, schools and other youth projects may need to deal with domestic violence issues directly if they are affecting a child or young person at home. This can involve:

- > recognising that supporting a mother is a very effective way of supporting a child;
- > working in partnership with other relevant organisations such as social services and refuges;
- > ensuring that they know who has parental responsibility for a child, if there are any injunctions or residency orders in place and who should be picking up the child;
- > making sure they know if a child is at increased risk (for instance, risk can increase after a family has recently fled domestic violence, during pregnancy or during contact);
- > understanding that a child's education may be affected by domestic violence. This can affect their behaviour but can also relate to practical issues

such as having to leave school uniforms and books behind, having to travel further to get to school, no space in shared accommodation to do homework, an abusive parent turning up at school etc; and

- > confidentiality – ensure that new addresses are kept in a safe, confidential place and do not send correspondence to an address if you believe that the parent is living with an abusive partner.

Child protection

While the aims of the work are about preventing domestic violence in the future and the nature of the activities usually means that disclosures are not a regular occurrence, some young people may already be affected by domestic violence. They may be primary victims, in an

abusive relationship themselves, or secondary victims, as the children of a parent who is being abused by a partner or ex-partner.

This may mean that the child or young person is at risk of suffering significant harm. Schools and youth projects carrying out domestic violence prevention work should ensure that staff involved are aware of the school child protection policy, know who is the designated child protection officer and have received training on child protection. Additionally, the school or youth project should ensure that, where necessary, staff are given extra guidance about the child protection implications of domestic violence prevention work. This will normally take place during initial training on

domestic violence prevention work, which should be for the whole staff group (primary teachers) and the welfare staff (primary and secondary schools and other projects).

Staff support

The content of the work requires those involved to reflect carefully on subjects such as intimate relationships, abuse and gender roles.

Monitoring and evaluation

It is important to find out what children and young people gain from the work and, if possible, why and how. Schools and others carrying out domestic violence prevention work should therefore ensure that monitoring and evaluation of the outcomes and processes of the work takes place as an integral component.

Monitoring outputs should include:

Numbers, ages, gender and ethnicity of children and young people taking part, including the length and content of sessions.

Monitoring and evaluating outcomes should include:

Comparing the attitudes and knowledge of children and young people before and after taking part in sessions or programmes. This can often mean using activities which are part of the programme as tools, such as quizzes, worksheets, activities about attitudes and observation of pupil participation. Sometimes it will mean carrying out additional evaluation activities.

Evaluating processes:

This is a longer term process to review the methods, activities and approaches used and to

identify how far each helps to achieve the aims and outcomes. This could include:

- > self-evaluation by teachers and practitioners leading sessions;
- > observation and peer evaluation by other teachers and practitioners; and
- > external evaluation by a specialist researcher and/or practitioner, with experience of evaluating similar or related projects and a thorough understanding of the nature of domestic violence.

Checklist for schools and youth projects

This checklist will help you to assess whether your school or youth project is equipped to support children and young people with the issues of domestic violence.

Key action points	Yes	No	If no, how can this be achieved?
Nominated staff for child protection have domestic violence policy and practice responsibilities included in their remit			
Child protection policy recognises domestic violence as a child protection issue			
Schools and youth projects recognise the potential impact of domestic violence on a child's educational attainment and behaviour			

Key action points	Yes	No	If no, how can this be achieved?
Procedures should be in place to deal with perpetrators who attempt to use the school or youth project to track down their former partner or child			
Leaflets and posters about domestic violence and available services should be clearly displayed			
Ensure that children living in temporary accommodation as a result of domestic violence are able to join the school quickly			
Schools and youth projects should deliver prevention programmes			
Appropriate training on domestic violence for all staff			
Staff alert to warning signs that a child may be affected by domestic violence			
Develop buddy schemes and peer support and education projects			
Provide alternative opportunities for children to do their homework			

Key links and resources

Safer Bristol/DVR: 'Spiralling' toolkit and film for domestic violence prevention work with children and young people.

<http://tiny.cc/FWGLP>

Womankind Worldwide

www.womankind.org.uk

Womankind Worldwide has produced a wide range of resources for use in schools, to promote awareness about gender-based violence and sexual bullying.

Sex Education Forum

www.ncb.org.uk/sef

This forum aims to ensure that all young people receive their entitlement to good quality sex and relationship education. Their website contains a range of useful factsheets and resources.

Greater London Domestic Violence Project

www.gldvp.org.uk

GLDVP is a second-tier organisation which aims to improve the safety and redress the imbalances in opportunity for children/young people witnessing or experiencing domestic violence. The website contains resources and briefings on prevention work. GLDVP also runs training and events on issues linked to domestic violence prevention work.

Domestic Violence Responses

DVR has an international reputation for developing and providing high-quality resources, training and research activities to help support better responses to domestic abuse and to help prevent it in the future.

The Hideout

www.thehideout.org.uk

The Hideout is a website that provides help, information and support to children and young people affected by domestic violence. The website also contains a virtual refuge.

Respect4us

www.respect4us.org.uk

Interactive game and informative website for young people about issues including domestic violence, sexual bullying and sexual discrimination.

Teachers Support Network

www.teachersupport.info

0800 562 561

Women's Aid

www.womensaid.org.uk

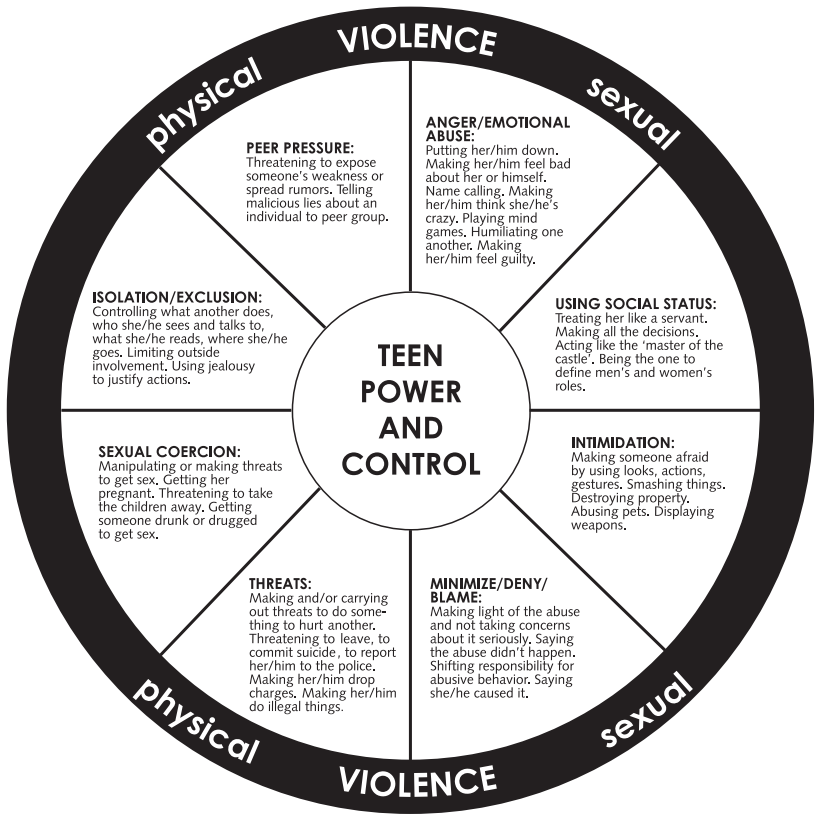
This website includes a toolkit for schools to use to address issues of domestic violence.

National Domestic Violence Helpline

0808 2000 247

Appendix 7

TEEN POWER AND CONTROL WHEEL¹⁹⁶



¹⁹⁶ Produced by the National Center on Domestic and Sexual Violence (Austin, Texas), developed from the Duluth Domestic Abuse Intervention Project

Appendix 8

Resources and links

Domestic violence

Women's Aid Federation of England

Helpline: 0808 2000 247
www.womensaid.org.uk

A national charity working to end domestic violence against women and children. They offer a 24-hour phone line that is available in several languages. They can offer support, advice and information on all aspects of domestic violence. They also have a new free toolkit for prevention work in schools, called Expect Respect, which includes lesson plans.

Refuge

24-hour helpline: 0808 2000 247
www.refuge.org.uk/

Refuge offers a 24-hour phone line, accommodation and children's services for those fleeing domestic violence. Refuge also provides individual and group counselling to survivors of violence.

Men's Advice Line

www.mensadvice.org.uk/mens_advice.php

The Men's Advice Line is a confidential helpline for all men experiencing domestic violence by a current or ex-partner. This includes all men in heterosexual or same sex relationships.

Broken Rainbow

www.broken-rainbow.org.uk
Broken Rainbow offers services to LGBT individuals who are experiencing domestic violence.

Domestic Violence Intervention Project

www.dvip.org/

The Domestic Violence Intervention Project aims to increase the safety of women and children who experience domestic violence by providing a range of diverse services challenging men, supporting women, working in partnership, influencing policy and campaigning for change.

Respect

www.respect.uk.net

A national organisation which aims to increase the safety of those experiencing domestic violence.

The Hideout

www.thehideout.org.uk

A Women's Aid website for children and young people. Contains a virtual refuge.

Respect not Fear

www.respectnotfear.co.uk

Nottinghamshire Domestic Violence Forum website about teen dating violence and relationships.

Respect4us

www.respect4us.org.uk

Interactive game and informative website for young people about issues including domestic violence, sexual bullying and sexual discrimination.

Love Doesn't Have to Hurt

www.apa.org/pi/cyf/teen.pdf

Love Doesn't Have to Hurt is the American Psychological Association's website on teen dating violence.

When Love Hurts

www.dvirc.org.au/whenlove

When Love Hurts, an Australian website for girls about love, respect and abuse in relationships.

Love is not Abuse

www.loveisnotabuse.com

Liz Claiborne's US website about domestic violence with a useful, downloadable handbook for teens about dating violence.

General advice**Department of Health**

www.dh.gov.uk/

en/Publichealth/

Healthimprovement/

Violenceagainst

[WomenandChildren/ index.htm](http://WomenandChildren/index.htm)

This website has details about the latest news and Government publications, as well as links to useful resources.

Get Connected

www.getconnected.org.uk

Get Connected is a free, UK-wide, email and telephone helpline that finds young people the best help whatever the problem.

Connexions Direct

www.connexions-direct.com

Connexions Direct offers young people between the ages of 13 and 19 information and advice to make decisions and choices in their lives.

Worriedneed2talk

www.childline.org.uk

NSPCC's website for children and young people designed to give information about services and people that are there to help.

Sexual abuse**Rape Crisis**

www.rapecrisis.org.uk

This website aims to provide the basic information for survivors, friends and family to access the services they need.

The Survivors Trust

www.thesurvivorstrust.org

The Survivors Trust is a national umbrella agency for specialist voluntary sector agencies providing a range of counselling, therapeutic and support services working with women, men and children who are victims/survivors of rape, sexual violence and childhood sexual abuse.

Respond

www.respond.org.uk

Respond provides a range of services to both victims and perpetrators of sexual abuse who have learning disabilities and those who have been affected by other trauma. Their services extend to support and training for families, carers and professionals.

Drugs and alcohol**Alcohol Concern**

www.alcoholconcern.org.uk

Alcohol Concern is the national agency on alcohol misuse campaigning for effective alcohol policy and improved services for people whose lives are affected by alcohol-related problems.

FRANK

www.talktofrank.com

A website for young people providing free, confidential drugs information and advice 24 hours a day.

The National Treatment Agency for Substance Misuse (NTA)

www.nta.nhs.uk

The National Treatment Agency for Substance Misuse (NTA) is a special health authority within the NHS, established by Government in 2001 to improve

the availability, capacity and effectiveness of treatment for drug misuse in England.

Self-harm

National Self Harm Network

www.nshn.co.uk

The National Self Harm Network has a forum where you can chat and get online advice and support.

Self-harm

www.selfharm.org.uk

A website for young people that provides information about self-harming.

Physical, mental and sexual health

YoungMinds

www.youngminds.org.uk

A national charity committed to improving the mental health of all children and young people.

Ask Brook

www.brook.org.uk

Provides free and confidential sexual health advice and contraception to young people under the age of 25.

Legal advice

Community Legal Advice

www.communitylegaladvice.org.uk

Community Legal Advice provides free legal information and advice.

National Centre for Domestic Violence

www.lcdv.co.uk

The National Centre for Domestic Violence specialises in helping victims of domestic violence to obtain non-molestation orders (injunctions) from the court to protect them from further abuse.

Rights of Women

www.rightsofwomen.org.uk

Rights of Women works to attain justice and equality by informing, educating and empowering women about their legal rights.

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